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6 September 1997

RPSGB Council votes for radical overhaul

Contractors losing out over July 'blacklist'

Opticians to challenge mail order lens sales

Update: any solutions to a volatile problem?



Who's who at Northern Ireland's Health Boards

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OF WARTS



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ingredients. Do not apply to the face or ano-genital regions. Avoid applying to surrounding normal skin. Inflammable. **Package Quantities:** Bottle containing 15ml. **Basic NHS price:** £1.95. **Legal Category:** P. **Product Licence:** PL0174/0025R. **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Wooburn Green, Bucks HP10 0AU. **Date of Preparation:** July 1997.

Duofilm

Salicylic acid 16.7%, lactic acid 16.7%
Double Trouble for Warts

The Royal Pharmaceutical Society is overhauling its bureaucracy (see p4). It is a brave step for any organisation to take. But for conservative professional bodies where change is necessarily by consensus, it can be a long time in coming and, in the Society's case, arguably too long. It has taken the looming threat of 'the end of pharmacy as we have known it' to precipitate the 'New Age' process and the consequent review of the Society's working practices. The last time the Society indulged in a similar navel-gazing exercise was in 1990. Those familiar with the report produced then by Bernard Silverman (a former Society president and a Boots' executive with considerable management experience) will find it has much in common with the Banks report published this week. For some on Council the changes which are to be implemented have not gone far enough. Although there is a consensus that Council should determine strategic direction, and not get bogged down in trivia, others do not see any lessening of their workload with the reformed committee structure. Staff at Lambeth certainly expect some major restructuring to align staff resources to service the new committees. There is a shift in executive power down from Council, but it is concentrated in the new (and generally welcomed) policy unit and the resource management committee. The officers (who determine who sits on which committee) and the secretary and registrar (who heads the policy unit) will be the group in whom power resides. It is questionable whether the balance lies with the Society's staff or Council members. However, on paper the new structure seems to offer the Society a means of better directing its ambitions and resources and is to be welcomed. It is now up to the individual players to pull together to make it work. Let's hope they are up to it!

CHEMIST & DRUGGIST

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RPSGB to overhaul Lambeth bureaucracy

The Royal Pharmaceutical Society's Council could end up meeting only four times a year after radical proposals to overhaul working practices at Lambeth were voted through at August's Council meeting.

While the functions of president will continue to be exercised by one person, he or she will be expected to remain in office for at least two years, but no more than three. Whether the president's post should be remunerated has yet to be decided.

These recommendations are among those made in the final report of the working group on the RPSGB's ways of working, which was set up in February as part of the 'Pharmacy in a New Age' process.

Key recommendations, which the Society is planning to implement in 1988, are as follows:

- Council meetings should focus on strategic and policy issues. Debates will be based on policy papers setting out the issues and the Society's options.

Council's main committees will be responsible for implementing policy. The chairmen and secretaries will jointly have (and exercise) greater powers to make decisions.

- Council will meet six times a year for up to two years with the ultimate objective of moving to

four meetings a year.

- There will be six main Council committees: practice, education, science, law and ethics, resource management, and infringements.

The first four will primarily be concerned with policy implementation, and will generally meet in months when there is no Council meeting. The other two will gather the day prior to a Council meeting.

- The resource management committee will oversee the overall management of the organisation. Its members will include the treasurer (chairman), the chairmen of the four policy committees, the secretary and registrar, his deputy, and the directors of finance, legal services and pharmaceutical sciences.

- Work on policy papers will be carried out by ad hoc, time-limited working groups, including Council members and Society staff, and outside experts where appropriate.

- A small policy support unit, under the control of the secretary and registrar, will be set up to act as a collection point for intelligence and identify forthcoming issues to Council. It will also commission and monitor the progress of policy papers.

Any new policy issues arising between Council meetings should be referred to the offi-

cers, who would take executive action for subsequent ratification by Council.

Areas identified as requiring further work include the need to examine the organisation of the Society's staff and the management structure.

The Society is also to consider the function and structure of its special interest groups.

The Resource Management Committee is to oversee any Council decisions concerning relations with the membership. It will also be responsible for entre-

preneurial activities – a publications and journals development group is to be set up to manage these businesses.

The working group said there must be changes because of the need for greater strategic direction to the Society's activities, and a clear link between its planned activities and the human and financial resources available.

"Current systems are resulting in excessive demands on the time of Council and committee members and administrative overload on staff," it says.

Other points

- The role of the Scottish and Welsh executives is to be reviewed in the light of the Government's devolution proposals.

- Each Council member should serve on at least one, but not more than two of the four policy committees. The Society's officers (president, vice president, treasurer and immediate past president) will determine who serves on which committee.

- The proceedings of the four policy committees will be sent to Council members, but no minutes will be presented at Council meetings. Issues arising from a committee meeting should only be raised if a Council member believes it is acting outside its brief or that policy should be changed.

- The number of staff members attending meetings should be limited.

- Three-year rolling plans and one-year action plans are to be developed.

- A greater role is envisaged for the vice president, who should focus on monitoring the activities of the committees and the overall effectiveness of the organisation.

- The functions of secretary and registrar will continue to be carried out by one person. If a pharmacist with suitable managerial skills cannot be found, priority should be given to managerial skills.

Glasgow Portfolio Club mushrooms

Following the success of the inaugural meeting of the Glasgow Portfolio Club on August 11, attended by more than 40 hospital pharmacists, three new clubs have been formed.

The new portfolio clubs, all in the Greater Glasgow Health Board area, are vocational training clubs for Scottish hospital pharmacists, designed to assist them with their studies.

The College of Pharmacy Practice's continuing professional development portfolio is being used in parts of the vocational training scheme.

The scheme has four parts: for pre-registration, basic grade, hospital and specialist hospital pharmacists.

The College's portfolio will be used in the latter two advanced stages.

The next meeting of the Glasgow clubs will be held at the Royal Infirmary at 6.30pm on September 15.

For further information contact the regional adviser, Graham Conkie, on 0141 211 2882.

Guidance on Saturday opening

The NHS Executive has issued a statement in response to enquiries about the contractual obligations of pharmacy contractors to be open on the day of the funeral of Diana, Princess of Wales.

The statement from the Pharmacy & Prescribing Branch, NHS Executive, reads: "We believe it is for each individual health authority to decide what line it wishes to take in response to requests from individual contractors or local pharmaceutical committees to be released from their normal contractual opening hours on that day.

"HAs will wish to consider whether the arrangements for urgent scripts are adequate, taking into account the fact that many of those wishing to be released from their contractual opening hours in the morning will be open at 2.00pm. HAs will wish to consider whether, in the light of afternoon opening, the circumstances in the morning would be any different from those on any normal Sunday on which there is often a rota hour

only between noon and 1.00pm or between 1.00pm and 2.00pm.

"Contractors should be reminded that during the hours when the pharmacy is not open, a notice, legible from the outside of the premises, should give names, addresses and opening times of other premises in the area."

The day of mourning is not statutory and, as such, pharmacists are still bound by their Terms of Service to provide a pharmacy service in the contracted hours. However, HAs may take a pragmatic view.

The National Pharmaceutical Association is suggesting pharmacies wishing to close should check with the HA to see that sufficient cover is being offered. Pharmacies contracted to provide a rota service will have to honour that commitment.

Any pharmacies that decide to close should place a sign saying when the shop will re-open. The NPA recommends that it may be possible for pharmacies to open until 10.00am and then re-open after the funeral at 2.00pm.

Among the multiples, Boots says it will offer a basic pharmacy service until 2.00pm, when the main store will re-open. All Hills/Lloyds branches will be closed from 10.15 am to 2.00pm.

Most of the major supermarkets will not be opening until 2.00pm, but will be offering a basic pharmacy service in some areas. Safeway says that, in the majority of cases, its pharmacies will close. Tesco has asked each pharmacy to contact the HA. Sainsbury's pharmacies will be closed until 2.00pm.

If an employer decides to close, then it is expected that staff should be paid. If the shop remains open and the staff ask not to come in with the employer agreeing, the time should count as part of annual holiday entitlement or as unpaid leave.

- The president of the Royal Pharmaceutical Society, Peter Curphy, has written to the Queen offering the sincere condolences of the Council and all the pharmacists in Britain on the tragic death of Diana, Princess of Wales.

Blacklist endorsement problems highlighted

The Department of Health's interpretation of pharmacists' Terms of Service relating to the supply of blacklisted products has led to many contractors forfeiting remuneration.

Following the introduction of products blacklisted due to their pack size on July 1, pharmacy contractors in England and Wales using the Mediphase computer prescription endorsing system have had scripts for Triludan, Zirtek and Imodium disallowed by the Prescription Pricing Authority.

The problem has not been noticeable in Scotland, where there is a higher degree of generic prescribing and a different endorsing system.

The problem became apparent when the PPA returned photocopies of scripts from July marked 'disallowed' to contractors. The prescribed products were not blacklisted, but the Mediphase software had endorsed the prescription with the lowest available pack size.

Where the endorsement made was for Triludan 10s, Triludan Forte 7s, Zirtek 7s and Imodium 8s and 12s, the PPA has disallowed payment.

In the case of Clarityn Allergy, which is also blacklisted, scripts for Clarityn endorsed 'Clarityn', although Clarityn Allergy was supplied, will be paid for, but based on the Clarityn 30 pack.

Those endorsed Clarityn Allergy will not.

Pharmacists are concerned that the PPA has not sent endorsed scripts back to be corrected. However, the PPA says that it is acting on instructions from the Department of Health.

The problem seems to stem from interpretations of the NHS (Pharmaceutical Services) Regulation 1992. Paragraph 10 of part II states: "Except as provided in sub-paragraph 11, a chemist shall not provide a Scheduled [blacklisted] drug, by way of pharmaceutical services or otherwise, in response to an order by name,

formula or other description on a prescription form."

Paragraph 11 states: "Where a drug has an appropriate non proprietary name and it is ordered on a prescription form either by that name or by its formula, a chemist may provide a drug which has the same specification, notwithstanding that it is a Scheduled drug, provided that where a Scheduled drug is a pack which consists of a drug in more than one strength, such provision does not involve the supply of part only of the pack."

Those disputing the DoH interpretation argue that paragraph

10 is ambiguous, in that it could relate to scripts only where a blacklisted product has been prescribed by a practitioner.

Mediphase spokesman Martin Shepsman says that since pharmacists have notified the company that prescriptions were being disallowed, it has changed the programme to exclude the affected counter packs.

However, the changes will only take effect with prescriptions endorsed in September.

NPA head of information services Michelle Styles says that this is the latest of many problems generated by the blacklist.



Which? calls for an end to industry secrecy

Which? magazine criticises the lack of freedom of information relating to drugs in this month's issue.

In an article looking at recent health scares, such as those involving the Pill, Lariam, antihistamines and food poisoning outbreaks, the magazine says: "Despite widespread fears about the safety of several medicines, it is still extremely difficult for independent bodies to access important information about them."

It criticises the Medicines Control Agency for denying Which? basic information about everyday drugs, saying that no such barriers to freedom of information exist in many other countries.

"We think the system of secrecy in the pharmaceutical industry should end so that consumers can have more confidence in the safety of the medicines they use."

Larkhall plays the name game

A blacklisted food supplement seems to have become prescribable again by changing its name.

On July 1, Gamulin was disallowed on NHS prescription, but Larkhall Green Farm changed the name to Lin-gam, which is fully reimbursable if the GP prescribes gamolenic acid without specifying a brand name. Gamolenic acid is the active ingredient of evening primrose oil, which is blacklisted.

The official view of the Department of Health press office is that the only prescribable product is licensed gamolenic acid, which in practice means Efamast for breast pain and Epogam for eczema. But Searle's product manager, Wayne Paige, confirmed that pharmacists are being reimbursed for unlicensed food supplements.

"We have been trying to resolve the matter with the Advisory Committees on NHS Drugs and on Borderline Substances," he said. "It defeats the whole purpose of the Selected List, which

is to help the NHS get the best value for money by excluding products which have not proved their therapeutic value or have more economic alternatives. The source of evening primrose oil is important for efficacy and, because they are licensed, our products have guaranteed safety, quality and efficacy. We need someone to come out and say it's against the law to dispense unlicensed products on NHS prescription."

The Royal Pharmaceutical Society's Code of Ethics says that dispensing an unlicensed medicinal product, except where specifically permitted by legislation, is unprofessional conduct.

Larkhall's managing director, Dr Robert Woodward, agrees that the situation is "ludicrous" and admits that, if Lin-gam became blacklisted in the next six months, the company could change the name again. His argument is that it is wrong for the NHS to be "ripped off" by more expensive products.

Society surveys recent recruits

The Royal Pharmaceutical Society is carrying out a manpower survey of pharmacists who registered in the past ten years.

A questionnaire was sent out to 2,000 pharmacists, representing about 20 per cent of the 1,000 who have qualified each year since 1986. In that time, membership of the Society has grown by more than 5,000 to 41,003 at the end of 1996, the highest ever.

In a covering letter, secretary and registrar John Ferguson says there is concern from employers who are encountering difficulties in recruitment of pharmacists. This could be because pharmacists who registered relatively recently are choosing to work in a field other than pharmacy.

"They would, of course, have a perfect right to do so, but if there is such a trend, the Society needs to be aware of it," he writes.

The questionnaire asks in what field respondents are working and why they may have left pharmacy practice.

Scottish stats

There were 4,659,166 prescriptions dispensed in Scotland, 4,650,036 by chemist contractors, in April at a total cost to the exchequer of £44,662,760. For chemist contractors, the ingredient cost per prescription was 857.20p with a professional allowance of 39.44p and oncost of 0.16p. The gross total per prescription was 1001.48p or 946.58p net. The average CD fees cost per prescription was 4.88p.

NPA in *BMJ*

A letter in last week's *British Medical Journal*, Colette McCreedy, head of the practice division, National Pharmaceutical Association, attacks an idea from GP David Kernick that dispensing be left to doctors and the sale of non-prescription drugs to supermarkets.

Nicorette website

Pharmacia & Upjohn has launched an Internet site for Nicorette. It can be found at www.nicorette.com.

Ireland introduces protocols

The Irish Pharmaceutical Society Council has approved guidelines for medicine sales protocols, subject to response from practising pharmacists. The guidelines are published in the August-September issue of the *Irish Pharmacy Journal*.

Locum doctors

A crackdown on locum doctors has been launched by the Government. The 'Code of Practice in the Appointment and Employment of Hospital and Community Service (HCHS) Doctors' aims to strengthen hospital recruitment and assessment procedures.

Thames invests

North Thames Regional Office of the NHS Executive has received the Investors in People Award.

Gene therapy report

The Gene Therapy Advisory Committee approved research into cervical, head and neck cancer, cystic fibrosis and glioblastoma last year, according to its third annual report.

NAWP report

The National Association of Women Pharmacists has issued the conference report for its April meeting, 'Fighting infections for the millennium'.

Opticians challenge mail order

The General Optical Council is to challenge a company selling contact lenses by mail order.

The Council believes Vision Direct is not complying with regulations which say sales should be effected by, or under the supervision of, a registered medical practitioner or registered optician.

Vision Direct managing director Steffan Rygaard says the company employs an optician to

supervise sales made against prescriptions. The firm does not prescribe or fit lenses and asks that customers see an optician every six months. Mr Rygaard insists customers must see an optician at least once a year and provide a new prescription.

However, the GOC is concerned that Vision Direct's optician's involvement does not provide the supervision required by section 27 of the Opticians Act

1989. As a result, the Council announced last week that it intended to prosecute the company and its directors.

Mr Rygaard indicates that he is prepared to take the matter to the European Court if necessary, because mail order for optical supplies is allowed in other European countries. "The service suits today's lifestyle. People are used to the convenience," he says.

NSAID conference invite

Pharmacists are being invited to take part in a satellite link-up conference looking at the safety of non-steroidal anti-inflammatory drugs.

Sponsored by Boehringer Ingelheim, the two-day conference, September 26 and 27, will look at the 'Melissa' and 'Select' safety trials involving BI's NSAID, Mobic (meloxicam), and its effect on the gastro-intestinal tract. The studies are indicating that meloxicam has a lower incidence of GI side-effects than other NSAIDs, says the company.

The conference is expected to

involve up to 10,000 health professionals in 15 countries. There will be 40 regional centres in the UK based at postgraduate centres, hospitals and universities. Participants will be able to put questions directly to the panel which will include Nobel Laureate Professor Sir John Vane, Dr Daniel Furst, professor of rheumatology in Seattle, and gastroenterologist Professor Chris Hawkey from Nottingham.

Pharmacists wishing to attend the conference, which is free, or wanting further information should telephone 0500 433504.

Brighton looks to overcome cocaine addiction

Brighton School of Pharmacy is developing an immunisation process against cocaine addiction.

Brighton University has announced that the project has attracted a grant of \$71,000 from the Wellcome Trust, adding to the \$650,000 received for its research over the past six months.

The basis of the research is to stimulate the body to produce catalytic antibodies which would rapidly break down cocaine in the body. It is hoped that the

temptation to take cocaine would be reduced in immunised addicts because the drug would no longer have any effect.

Other grants from the Trust include two worth \$260,000 to support work looking to reduce auto-immune attack of pancreatic beta cells in insulin dependent diabetes mellitus, and \$60,000 for research into reducing cytokines produced in inflammatory responses to reduce risks of septic shock.

BP proposals for dropping monographs

The *British Pharmacopoeia* Commission has issued a list of monographs it intends to omit from the next BP.

The proposals are in addition to those in the Medicines Control Agency newsletter, MAIL 98. The monograph standards as given in BP 1993 and amendments in the Addenda 1994, 1995, 1996 and 1997 will remain in force.

The proposed list is: Aminobenzoic Acid Lotion; Ammonium Chloride and Morphine Injection; Benethamine Penicillin Fortified Injection; Carbenoxolone Tablets; Chlordiazepoxide Tablets; Chlorinated Lime and Boric Acid Solution; Compound Fig Elixir; Dichlorophenamide Tablets; Diethylpropion Hydrochloride; Dihydroergotamine Injection; Dihydroergotamine Oral Solution; Ergotamine Tablets; Flucloxacillin Acetate; Flucloxacillin Ointment; Hydrogen Peroxide Solution (27 per cent); Lindane Lotion; Medazepam; Medazepam Capsules; Phenoxymethylpenicillin Capsules; Salicylic Acid Lotion; Sodium Salicylate Mixture; Strong Sodium Salicylate Mixture; Tubocurarine Injection; and Turpentine Liniment.

Countdown to Chemex

Look out for the Chemex Preview and Catalogue in next week's C&D. Latest preregistration figures from the organisers stand at 2,700, indicating a healthy number of potential visitors to the show on September 21-22.

Practice Resource Systems, one of this year's more controversial exhibitors, is promising a major announcement at the show.

Spokesman Andrew Burr says: "Pharmacists' ability to fully audit activity has created considerable interest among health authorities and other bodies."

His comments come as another Chemex exhibitor, Hadley Hutt Computing, announced it had been bought by the US software company NDC (see p18).



Pharmacists taking part in the pilot domiciliary service in North Staffordshire have met up for a quarterly review of the project. Seventeen pharmacists are taking part in the £35,000 scheme which is being funded by North Staffordshire Health Authority. Pharmaceutical adviser Jeff Bourne says that pharmacists interested in setting up similar services are welcome to contact him on 01782 298041. Pictured are, back row, from left: Mike Morrell, Mark Seaton, Jeff Riley, Ruth Hargreaves, Janet Barlow, Julian Hickman. Front row: Dr Ruth Goldstein (independent evaluator, University of Derby), Jeff Bourne, Elizabeth Taylor (project manager) and Judy Hagan

An ethical guide – and not before time

The arrival of 'Ethics and Practice: a Guide for Pharmacists in Northern Ireland' from the Pharmaceutical Society conjured up initial thoughts of a set of hand-cuffs for my business activities.

With almost no guidance on ethical issues from the Council in recent years, except for the odd letter from the secretary, it is a pleasure to have a publication that neatly brings together the legal and ethical issues governing the practice of my profession.

A cursory glance through the 80 or so pages suggests that, apart from replacing the words 'N Ireland' for 'Great Britain', the text is that of the Royal Pharmaceutical Society's publication 'Medicines, Ethics and Practice' – the code I have been using to solve my queries for many years. For many of us this has been an unsatisfactory situation, as I'm never too sure where I am with our own Society, which may have a view different from that of London.

The failure of PSNI to communicate its code has not helped improve the ethical standing of the profession here. I would have thought the regular publication of this document is a fundamental responsibility of the Society. So why are we only seeing it now?

It is a pleasure to have a publication that neatly brings together the legal and ethical issues

But perhaps I'm being gratuitous. I now have 'Ethics and Practice', and the general points of law from the main Acts that I can consult with ease. I look forward to receiving a revised version on a regular basis as, in a rapidly changing world, ethics have a habit of also changing rapidly. I will read and study my copy: I will make notes and I will be familiar with its philosophy.

There is nothing of greater importance to the profession of pharmacy in N Ireland than its Code of Ethics. An explicit and considered set of rules on what the responsibilities of being a pharmacist are and how he or she should act. Thanks to the Council for its efforts, but if it fails to provide members with frequent updates, then it will have failed.

Written by a practising Northern Ireland community pharmacist.



Legal niceties lead to irrational location

The floodgates are now almost fully open following a judgment by Justice Collins in a High Court judicial review on July 30, when the decision to refuse a pharmacy permission to relocate to a Tesco store at Brent Cross in north London was referred back to the Family Health Services Appeal Authority (C&D Aug 30, p5).

I am concerned that a succession of judgments is now rapidly reshaping the definition of 'neighbourhood', such that any facility that attracts the public in sufficient numbers may be considered a distinct neighbourhood and, therefore, benefit from adequate NHS pharmaceutical services.

I can still remember the dark days before contract limitation was introduced when Government inertia allowed a stampede of so-called 'leap-froggers'. A similar situation could now happen if the multiples sense victory and *en masse* apply for NHS pharmaceutical contracts in every large superstore and retail park in the country.

The Brent Cross judgment could still have to go back to appeal and Justice Collins' decision does leave grounds for debate, but the situation is becoming critical for the rational planning of pharmaceutical services. A dramatic rise in NHS contracts granted or relocated to edge

Topical Reflections

of town sites could produce carnage among small independent pharmacies in the surrounding areas and consequently put at risk the whole concept of a rational community pharmaceutical service.

The regulations are in urgent need of revision since the disastrous lessons of the past appear to be going unheeded. If the Government is serious about planning a rational pharmaceutical service, it must take action now and, if necessary, freeze all further applications until revised regulations can be introduced. Inertia is not an option. Disaster beckons with every judicial review. I fear that very soon, it will be too little, too late.

Don't take it lying down

I am outraged by the *fait accompli* the Government has presented, with its plans to curtail the sale of paracetamol and aspirin, and astonished by the arrogance of the Medicines Control Agency which has apparently made its recommendations without giving any rational thought to the consequences of its action.

The whole of the profession has been unanimous in its condemnation of the restrictions and I have very little to add to the informed editorials in the pharmaceutical press. What, at this stage, can be done to reverse this decision? At first glance, very little, but if the proposals are as lacking in evidence as they would appear to be, then it is to our members of parliament that we must now turn.

I have wasted little time and have already requested an urgent interview with my MP. I am confident that I can

convince him of the error of the Government's decision, and if over 600 similar voices seek ministerial clarification, then perhaps some rationality may yet be salvaged from these ridiculous proposals.

Branded generics – on the way out?

I am pleased that Norton is withdrawing Salamol inhalers as from September 1 (C&D August 30, p8), not because I have any dislike for the company, but because I am hopeful that this decision may signal the demise of the branded generic.

I know that it is common practice to encourage the prescribing of branded generics by highlighting the savings against the Drug Tariff, but what is always ignored is that a totally generic market will eventually find its own price level, whereas one distorted by the prescribing levels of branded generics will always be maintained at an artificial high. The winners are then the branded generic drug companies and the loss is borne by the NHS drugs budget.

Perhaps this decision by the manufacturer shows that prescribing advice to general practitioners is at last having some effect. The best value for money is for GPs to prescribe generically and for me to negotiate the best prices. Drug companies should be allowed to enjoy the full protection afforded by their original patents, but branded generics are an immoral mechanism for making fat profits at the taxpayer's expense!

SCRIPTspecials

Telfast licensed for urticaria

Telfast, the antihistamine from Hoechst Marion Roussel, is now licensed, at a dose of 180mg, for the relief of symptoms associated with chronic idiopathic urticaria.

The active ingredient, fexofenadine is already licensed at a lower dose (120mg) for the relief of seasonal allergic rhinitis. It is a non-sedating H1 antihistamine and is a pharmacologically-active metabolite of terfenadine.

The recommended dose of Telfast 180 for the relief of urticaria in adults and children over 12 years is one tablet, containing 180mg fexofenadine, daily.

The most commonly-reported side-effects in clinical trials were headache (7.3 per cent), drowsiness (2.3 per cent), nausea and

dizziness (1.5 per cent each). The incidence of these events seen with fexofenadine was similar to that seen with placebo.

Co-administration of fexofenadine with erythromycin or ketoconazole has been shown to increase plasma levels of fexofenadine two- to threefold. However, there was no increase in adverse events compared to administering the drugs singly.

To ensure no reduction in bioavailability, it is advisable to leave two hours between administration of the antihistamine and aluminium- and magnesium hydroxide-containing antacids.

The basic NHS price for a pack of 30 Telfast 180 tablets is \$9.63.

Hoechst Marion Roussel Ltd. Tel: 01895 834343.

BRIEFS

Suprecur Injection

Suprecur (buserelin), already available as a nasal spray, now comes in a new once-daily subcutaneous injection for use in *in vitro* fertilisation programmes. Suprecur Injection extends the dosage range to allow flexibility in therapy. The total daily dose is usually 200-500mcg given as a single injection (basic NHS price £29.61 for a 2x5.5ml pack).

Shire Pharmaceuticals Ltd. Tel: 01264 333445.

Dutonin initiation pack

The Dutonin Treatment Initiation Pack is a new simple to follow starter pack for patients being treated for depression. The pack contains one month's supply of nefazodone: 14x50mg tablets for the first week; 14x100mg tablets for the second week; and 28x200mg tablets for the last two weeks (basic NHS price £16.80). **Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0181 572 7422.**

RPR divestments

RPR has divested May & Baker 693 Tablets, Sulphadiazine Inj 1g/4ml and Flaxedil Inj 2ml to Concorde Pharmaceuticals. Distribution will be through Farillon. The following have been transferred to JHC Healthcare: Pentacarinat Inj and ready to use Solution; Neulactil Forte Syrup and Tablets; Piportil Depot and Myocrisin injections. Orders for these should go to Hoechst UK. **Rhone-Poulenc Rorer Ltd. Tel: 01732 584000.**

Once-daily Efexor XL formulation

Wyeth Laboratories has introduced a new once-daily formulation of its antidepressant, Efexor (venlafaxine).

Efexor XL comes in 75mg and 150mg capsules for convenient once-daily treatment of depression. The recommended dose is 75mg daily, which may be increased to 150mg once daily if no improvement is seen after two weeks, and even 225mg once daily if necessary. Any increments should be made at two-week intervals, but not less than four days. The dose must be taken at the same time each day.

Patients on twice-daily doses of Efexor 37.5mg may be switched to a once-daily Efexor XL 75mg dose, although individual dose adjustments may be required.

Efexor XL is available in packs of 28 with a basic NHS price of \$23.97 for 75mg and \$39.97 for 150mg.

Wyeth Laboratories. Tel: 01628 604377.



Aprovel offers anti-hypertensive control



Aprovel (irbesartan) is a new angiotensin II blocker from Bristol-Myers Squibb and Sanofi which offers 24-hour blood pressure control with a once-daily dose.

Irbesartan, indicated for essential hypertension, has the longest half-life of the currently available angiotensin II blockers, which means true round the clock control. Other features of the drug include a side-effect profile equivalent to placebo and a reliable dose-dependent efficacy without an increase in side-effects.

The recommended initial and maintenance dose is 150mg once daily. Although this dose gives better 24-hour hypertensive control, a 75mg dose may be considered in the elderly and haemodialysed patients.

In the poorly controlled, the dose may be increased to 300mg, or another anti-hypertensive may be added to the therapy. However, monotherapy has been shown to be at least as effective as leading agents in other major anti-hypertensive classes such as enalapril, atenolol and amlodipine.

Dose adjustment is not

required in either renal or hepatic impairment. Patients over 75 years old may need to be started on the 75mg dose. Bioavailability is unaffected by food intake.

Irbesartan's specificity means the incidence of side-effects is substantially reduced when compared to other antihypertensives. In placebo-controlled trials in patients with hypertension, there was no difference in the incidence of adverse events between treatment and placebo groups. The incidence of adverse events was not related to age, gender or duration of treatment.

Because of their gradual onset of action, there is little risk of first-dose hypotension. Care should be taken when co-administering with other anti-hypertensives, diuretics and lithium. The drug is contra-indicated in pregnancy and lactation.

Aprovel comes in three strengths: 150mg (28 tablets, \$17.22), 300mg (28, \$23.26) and 75mg (28, \$15.50).

Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0181 572 7422.

Suspension technology improves Betoptic

Alcon Laboratories has developed a new suspension formulation for Betoptic eye drops (betaxolol hydrochloride) with several advantages over the existing solution.

Betoptic Suspension 0.25 per cent eye drops consists of a unique ion-exchange release mechanism which controls the release of betaxolol for maximum penetration through the cornea and minimum systemic absorption and side-effects.

The efficiency of the suspen-

sion means the concentration of betaxolol can be halved - Betoptic Suspension 0.25 per cent achieves the same intra-ocular pressure control as Betoptic Solution 0.5 per cent. It also reduces the local burning and stinging usually experienced with the solution.

The basic NHS price of a 5ml bottle of Betoptic Suspension is \$4.77. Betoptic Solution will continue to be available.

Alcon Laboratories (UK) Ltd. Tel: 01442 341234.

COUNTERpoints

Natural selection for the over-50s

Whitehall is launching Centrum Select 50+, an all in one vitamin and mineral supplement for 50 to 60-year-olds.

The formulation of 31 vitamins and minerals has been adjusted from the EC RDA to meet the changing dietary requirements of men and women over 50. It contains increased levels of antioxidant vitamins A (900mcg), C (90mg) and E (30mg); and vitamin D (10mcg). The formulation also includes folic acid (400mcg), which may help maintain cardiac



health, and 2,500 times the EC RDA of vitamin B12 (25mcg) for the regulation of blood cells and nerves.

Levels of iron (4mg) and biotin (45mcg) are less than the EC RDA. The need for iron decreases with age, and biotin levels in a regular diet should be sufficient.

The one-a-day tablet is sucrose-, lactose- and gluten-free, and is suitable for diabetics.

Whitehall is supporting the brand with a \$1.5 million, year-long campaign starting in October in the national press

and consumer magazines. Two-month-long television bursts are planned for January and April next year.

POS is available. In packs of 30 or 60 tablets, the product retails at \$4.29 and \$7.79. **Whitehall Laboratories Ltd.** Tel: 01628 669011.

It's a family affair with Pripsen

Seton Healthcare has launched a Family pack of Pripsen Mebendazole Tablets.

The new pack provides four complete treatments for threadworm. It offers a two-dose treatment for a family of four to prevent reinfection.

The first dose will kill the adult worms. The second, to be taken 14 days later if reinfection occurs, will break their lifecycle by killing recently hatched worms before they lay eggs.

For adults and children over two years the family pack (rsp \$5.99) contains eight chewable tablets which are sugar- and artificial colour-free.

As threadworm infections are easily transmitted to other family members, it is important that everyone is treated at the same

time to reduce the risk of cross infection.

The launch will be supported with a detail aid/poster for practice and school nurses, a pharmacy recommendation pad and a consumer leaflet. **Seton Healthcare Group plc.** Tel: 0161 654 3000.



Deep Relief available at a touch

The Mentholatum Company is introducing Deep Relief Ibuprofen Gel in a new one-touch pump dispenser.

The dual action pain-relieving gel now comes in a CFC-free dispenser.

It is activated by a light touch of the finger.

Retail price for the pump is \$4.99 (50ml). Special launch deals are available. **Jenks Group.** Tel: 01494 442446.

New convenience pack for Oxysept

Allergan has introduced 30-day packs for its Oxysept hydrogen peroxide contact lens care range.

The new packs will supersede the 24- and 36-day versions and are designed to be more convenient for contact lens wearers.

Oxysept 1-Step is now available in a new slimline 300ml bottle with 30 neutralising

tablets and a replacement lens case.

For a limited period, promotional packs of this product will retail at \$9.58 giving lens wearers six days of extra care free. The full retail price will be \$11.25.

Oxysept 1 and 2 have also been introduced in 30-day packs with promotional offers. **Allergan Ltd.** Tel: 01494 444722.



Unichem own-brand offers warming up for winter

Unichem is offering special deals on its own-brand winter remedies in a 'Winter Warmers' promotion.

Forty products, ranging from analgesics to cough and cold treatments, carry special discounts of up to 30 per cent when minimum case quantities of ten GSL and ten P lines are ordered.

For all qualifying

orders, pharmacists will receive two free point of sale display trays for coughs, colds and flu, and pain relief products.

The display trays also incorporate dispensers to hold information leaflets for customers, together with product reference guides for pharmacy staff.

● Unichem has launched three new cough liquids, called Child Chesty

Cough Linctus (guaiphenesin 50mg/5ml), Adult Chesty Cough Linctus (guaiphenesin 100mg/5ml), and Adult Tickly Cough Syrup (guaiphenesin 50mg/5ml with glycerin and lemon). They are packed in 12s, with an offer trade price of £13. Retail price is £2.25 (150ml).

Unichem plc. Tel: 0181 391 2323.

Multivitamins add a little zest to Haliborange range

Seven Seas is launching a new multivitamin formulation in its Haliborange Effervescent Vitamin C range.

Lemon-flavoured Haliborange Effervescent Vitamin C Plus Multivitamins provides ten essential vitamins.

The product contains vitamin C, vitamin E, thiamin, riboflavin, niacin, vitamin B6, folic acid, vitamin B12, biotin and pantothenic acid.

The launch will be supported by a \$1 million advertising and promotional campaign, including a major

sampling programme during the peak winter cold and flu season.

Advertising in the national daily press and high-circulation mainstream magazines breaks this month and will run until December. **Seven Seas Health Care Ltd.** Tel: 01482 375234.

Practising pull-up pants with a bit of help from Disney

Huggies Pull-Ups practice pants now feature Disney. The new Mickey and Minnie Mouse Pull-Ups are aimed to make them look more like real pants, so

toddlers can feel like big kids as they practise keeping dry.

New nationwide TV and press advertising will feature the new products with the Mickey and

Minnie designs.

Available in medium and large (depending on the toddler's size) with an rrp of \$4.99 per pack. **Kimberly-Clark Ltd.** Tel: 01622 616000.

This way to supplement your profits

Here's a further sign of our commitment to the independent pharmacist - a major Autumn push for vitamins and supplements in national newspapers and magazines throughout October and November.

Once again, the advertisements feature the UniChem road sign, linking in with the one in our customers' windows. And once again, we'll be prompting over 20 million readers to walk (or jog!) their way for local, friendly and professional service.

The healthiest choice of vitamins and supplements at the healthiest prices - that's the message we'll be spreading nationwide.

Jog this way



for vitamins & supplements

How to keep on top through the coming winter? The answer is right around the corner in your friendly UniChem pharmacy, where you'll find an unbeatable range of vitamins and supplements. Healthy prices too, and professional advice.

UniChem

Everything from Vitamin C and

children's multivitamins to new Optima, which delivers the recommended daily allowance of a range of important vitamins and minerals in just one convenient tablet.

You UniChem pharmacy so close by. And so much closer to your needs.



Jog this way



for vitamins & supplements

How to keep on top through the coming winter? The answer is right around the corner in your friendly UniChem pharmacy, where you'll find an unbeatable range of vitamins and supplements. Healthy prices too, and professional advice.

Everything from Vitamin C, Cod Liver Oil and children's multi vitamins to new Optima, which delivers a comprehensive range of important vitamins and minerals in just one convenient tablet.

You UniChem pharmacy so close by. And so much closer to your needs.

UniChem

Paving the way to good health

AVAILABLE FROM PARTICIPATING UNICHEM INDEPENDENT PHARMACIES

Everything from Cod Liver Oil and Vitamin C to innovations like our new Optima, which delivers a comprehensive range of important vitamins and minerals in one handy tablet.

You're not a UniChem customer? Now is an excellent time to sign up, and enjoy the benefits of this and future marketing drives.





UniChem



Next we'll be pushing cough and cold remedies. And throughout the year, we'll be pushing back the very boundaries of what you can expect from your wholesaler.



Give your business a boost. Call us on 0171 371 0404.



UniChem

UniChem PLC., UniChem House, Cox Lane, Chessington, Surrey KT9 1SN

Natural luxury for bathtime

Creightons will be launching two new bath and body care collections – Exotic Oils and Precious Oils.

Formulated with natural oils and extracts, both ranges will be available at the end of September.

The Exotic Oils collection features the floral fragrances of mazarin and tamarin. Precious Oils is formulated with the floral perfumes of mageia and turquoise, blended with evening primrose, jojoba oil and vitamins to nourish and pamper the body.

Both ranges comprise a body lotion, shower creme or gel, bath essence, two soaps and a body scrub. Retail prices range from \$4.50-\$6.95.

The products will be launched at the Birmingham NEC International Autumn Fair running from September 7-10.

Creightons Naturally plc.
Tel: 01903 745611.



Nizoral is back on the box

Nizoral Dandruff Shampoo will be supported with a \$3 million television campaign from September 8.

Running for four weeks, the new commercial will be shown on ITV in the London area, and on satellite and Channel 4.

A recent Gallup survey commissioned by Johnson & Johnson MSD Consumer Pharmaceuticals revealed that 24 per cent of those asked thought

that dandruff was caused by not rinsing your hair properly.

The new television commercial highlights the fact that dandruff is a medical condition caused by an increase in the levels of the fungal yeast *Pityrosporum ovale* found on the scalp.



It also emphasises that Nizoral Dandruff Shampoo is a medical treatment that actually kills the fungal yeast and, when the dandruff is controlled, only needs to be used once every one or two weeks.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.

L'Oréal Studio Line styling comes to its Senses

L'Oréal is introducing Senses gel and gel spray into its Studio Line range.

The gel is suitable for shorter styles which need texture and control. It has an easy to use pump dispenser with a twisting lock mechanism to avoid leakage.

The gel spray can be used to give longer styles texture, volume and frizz control. The pump dispenser allows either a fine mist for an overall effect or a precision



spray to reach specific areas such as the roots.

The products are formulated to be non-sticky and give lasting, flexible hold. Scented with an invigorating unisex fragrance, they contain multi-vitamins for healthy-looking hair.

Both products retail at \$3.49 (200ml).

The launch will be supported by a TV advertising campaign in October.

L'Oréal.
Tel: 0171 937 5454.

Palmolive's latest liquid assets

Colgate-Palmolive is introducing an anti-bacterial variant in its Palmolive Softwash liquid wash range.

Palmolive Antibacterial Softwash is formulated to help fight germs and bacteria during washing and to leave a barrier that protects after rinsing.

It is soap-free and dermatologically tested to maintain soft skin. The retail price is \$1.89 (300ml).

● The anti-bacterial sector is the fastest-

growing sector of the \$31 million liquid soap market, according to IRI Infoscian.

Colgate-Palmolive UK Ltd.
Tel: 01483 302222.



Boy group is spot on for Clearasil

Procter & Gamble will be sponsoring boy pop group 911 to launch its unisex spot care facial wash – Clearasil Complete.

The sponsorship deal will include product branding at all venues and in official programmes for the group's first UK tour from mid-September until the beginning of October. There will be free product samples on

seats at all four venues.

Clearasil Complete (rsp \$3.99, 150ml) has a deep cleansing microbead formula allowing a clinically-proven active ingredient to penetrate and kill spot-causing bacteria.

It will be advertised extensively in the boys' and girls' teen press.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd.
Tel: 01932 896000.

Simple answer to those wrinkles

Smith & Nephew Consumer Products is extending its Simple premium range with an anti-wrinkle cream.

Designed to keep skin feeling soft and supple, the product contains intensive moisturisers to smooth out the appearance of fine lines and wrinkles.

It is designed to appeal to a more mature consumer who requires a product which helps delay the signs of ageing, while remaining gentle on the skin.

Retail price is £5.99 (50ml).

Smith & Nephew Consumer Products Ltd.
Tel: 0121 327 4750.



Clever clippers



Trim, a US manicure company, has launched Clipins in the UK.

Clipins nail clippers, which are designed to collect nail cuttings as they are cut, are made from cast steel and come with a lifetime guarantee.

They are available in red, yellow, blue, white and turquoise, and have magnets on their bases to make them easy to find.

Clipins retail at \$3.99.

G & D Harris.
Tel: 0171 402 8764.

Seton's Asilone takes to the Sky

Seton Healthcare is supporting its Asilone indigestion remedy with a television advertising campaign on all Sky channels to be aired during September and October.

The campaign announces the recent relaunch of Asilone in its new silver and white livery. Asilone Antacid remains in its traditional blue packaging.

Seton Healthcare Group plc.
Tel: 0161 654 3000.

Different strokes for different folks from Macleans

Smithkline Beecham has extended its Macleans range with a new toothbrush.

Macleans the Toothbrush comes in a choice of three colours and two bristle textures – medium and sensitive.

All variants feature a small head which is preferred by dentists.

The product is styled to reflect the Macleans ellipse bubble. It retails at \$2.49.



● Smithkline Beecham has also introduced Macleans Total Clean toothpaste in a 100ml pump.

The company expects the pump to convert new users to all-in-one pastes. **Smithkline Beecham Consumer Healthcare.**
Tel: 0181 560 5151.

Sensitive formula for Pearl Drops

Carter-Wallace has introduced Pearl Drops Advanced Whitening Sensitive toothpolish.

Positioned as a 'sister' product to Pearl Drops Icemint, it is designed to appeal to people who desire whiter, shinier teeth, but have concerns about tooth sensitivity.

It is formulated to gently clean away surface discolouration caused by food, drink and smoking.

With no harsh abrasives or bleaches, the formula contains potassium nitrate which has desensitising properties. It also contains fluorides to

strengthen tooth enamel.

Retailing at \$3.99 (50ml), the variant has a natural mint flavour. It will be supported by an advertising campaign and sampling.

Carter-Wallace Ltd.
Tel: 01303 850661.



Razor sharp promotion for FX Performer

Wilkinson Sword is running its biggest-ever price promotion for the FX Performer razor.

Between September and November, the razor will have an rsp of £1.69 – a saving of £2.10 off the standard price.

This offers consumers a free FX Performer as they only pay the equivalent of the two blades contained in the pack.

Specially-designed FX Performer counter display units are available for independent retailers. **Wilkinson Sword Ltd.**
Tel: 01670 713421.

Sweet cough relief

Procter & Gamble has reformulated Vicks Vapo-syrup to improve the product's throat-coating effect and bring longer-lasting cough relief. The new formulation applies to the dry cough and chesty cough variants.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd.
Tel: 01932 896000.

Ring of confidence

Colgate-Palmolive has installed a dedicated customer telesales line for pharmacists. The telephone line is manned from 9.00am to 5.00pm, Monday to Friday, and complements the company's 'on the road' sales team.

Colgate-Palmolive Ltd.
Tel: 01483 464464.

Molar's ark

Santo Products is introducing a new range of children's oral care products, called Molar's Ark. It includes toothbrush holders in animal shapes (rsp £3.55), toothbrushes to fit the holders (rsp £1.35) and 50ml toothgels (rsp £1.35) in Soft Mint and Raspberry Sparkle flavours.

Santo Products Ltd.
Tel: 0181 381 2536.

Sweet talk

A new initiative designed to reward customer loyalty starts this month for Canderel. All packs of Canderel Spoonful and Canderel Tablets (excluding 50s) will carry tokens for the Canderel Collection – a range of collectable gifts.

Food Brokers Ltd.
Tel: 01705 219900.

In Safe-hands

Mediteck has launched Safe-hands disposable latex gloves, which provide protection for people with sensitive or irritable skin. Made to Department of Health standards, the gloves are suitable for wound care, personal hygiene, hair care and do it yourself, etc. The pack (rsp £0.99) contains ten ambidextrous, one-size gloves.

Mediteck Ltd.
Tel: 0181 838 4748.

ON TV NEXT WEEK

Clarityn Allergy: C, GMTV

Crest Complete toothpaste: Y

Imodium: All areas

Just for Men: All areas

Listerine: C, A, M, LWT, CAR, C4, Sat

New Clearasil Complete: All areas

Nivea Visage tinted moisturising fluid: CAR, M

Nizoral dandruff shampoo: CAR, C4, Sat

Pantene: All areas except GMTV

Poligrip Ultra: All areas

Wella Experience: C4

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

No Spills Cup is set to clean up

The No Spills Cup is new in the Junior Macare range of baby feeding products from Paul Murray.

It is designed to reduce sticky spillages from small children when drinking.

The cup features a

screw top which contains a long-life, two-way valve.

Made from tough, durable plastic, it is suitable for both hot and cold drinks.

Retail price is \$3.99.

Paul Murray plc.
Tel: 01703 268444.



GAIN POUNDS WITH NEW SUGAR FREE STREPSILS



New Sugar Free Strepsils will be available from 11 August.

With TV support adding weight to the campaign you will make a healthy profit.

Contact your Crookes territory manager or wholesaler for details.

Effective throatcare. Now available without sugar.



CROOKES HEALTHCARE

PRODUCT INFORMATION: Strepsils Sugar Free Throat Lozenge containing: 2,4-Dichlorobenzyl Alcohol 1.2mg, Amylmetacresol B.P. 0.6mg. Also contains: Isomalt, Dried Maltitol Syrup, Tartaric Acid, Flavourings (Lemon [contains E320], Elderflower [contains ethanol] and Rosemary Oil), Sodium Saccharin. **Indication:** For the symptomatic relief of mouth and throat infections. **Dosage:** Adults and children: One lozenge to be

dissolved slowly in the mouth every 2-3 hours. **Contraindications:** Hypersensitivity to any of the ingredients. **Precautions:** If symptoms persist, consult your doctor. **Side Effects:** May cause hypersensitivity reactions. **Packaging Quantities:** 16 lozenges in a carton. **Legal Category:** GSL. **Price:** £1.85. **PL:** 0327/0084. **Licence holder and manufacturer:** Crookes Healthcare Limited, Nottingham NG2 3AA. Prepared June 1997.

PHARMACYupdate

Solvent abuse

The long- and short-term dangers of 'glue sniffing' /



Question of ethics

Is a generic an option when faced with an out of stock problem and a sick child? /V

Nappy rash

Investigating the solutions to the problem of nappy rash /V



Volatile situation



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1065), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* OCTOBER 11, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To understand the term 'volatile solvent abuse'
- To be aware of the prevalence of the problem
- To be aware of the health hazards of solvent abuse
- To be familiar with products that can potentially be abused
- To be aware of how the condition can best be managed

considerable variation between different parts of the country, with Scotland and northern England having the highest prevalence and East Anglia having the lowest'.

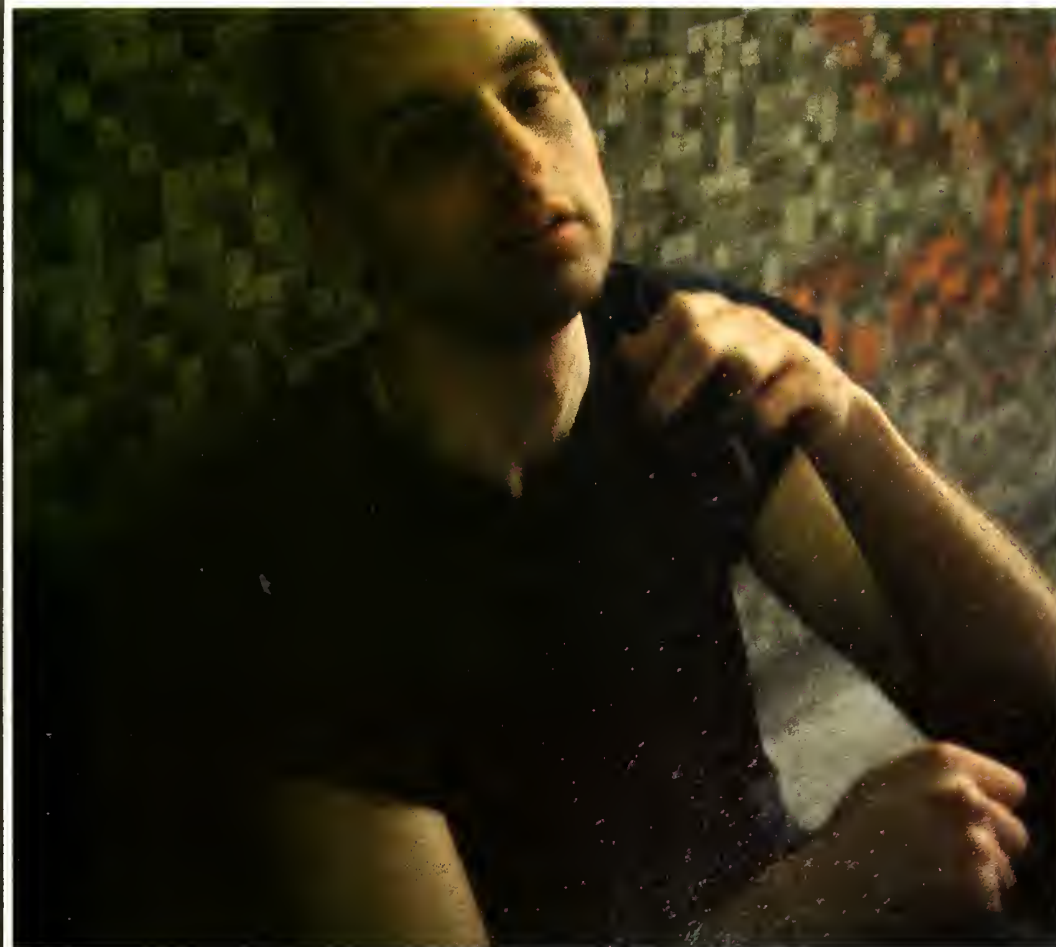
Mortality statistics

Since 1971, an ongoing research project at St George's Hospital in London has compiled mortality figures for volatile solvent-related deaths in the UK.

These reports show that the highest recorded deaths are for young people aged between 15 and 19 with males outnumbering females by at least 7:1. There have been a total of 1,520 VSA-related deaths since 1971, peaking in the early 1990s and tailing off since then.

In 1991, VSA was responsible for more deaths in 13-16-year-olds than the combined deaths for leukaemia, pneumonia and drowning'. It is thought that roughly 40 per cent of solvent-related deaths occur after a single episode.

Continued on P11 ►



Volatile solvent abuse is not simply about sniffing glue. Hairsprays, deodorants and nail polish removers are all attractive options to the potential abuser.

Dr Rod Tucker, community pharmacist and director of the Freelance Needle Exchange scheme, outlines the health hazards of the habit

The practice of deliberately inhaling volatile agents to achieve euphoric or intoxicating effects is known as 'volatile solvent abuse' (VSA). The phenomenon is not new. There are references to the inhalation of vapours in Greek and Judaic history.

In 1799, Sir Humphrey Davy described the pleasurable effects of inhaling nitrous

oxide and, during the 19th century, the inhalation of anaesthetics such as nitrous oxide, or laughing gas, and diethyl ether (ether) became a recreational activity.

Prevalence of the problem

The first case of solvent abuse in the UK was reported in 1962' and, during the 1970s, police began to detect outbreaks of

industrial chemical inhalation in some inner cities. By the early 1980s, newspapers warned of the dangers of solvent abuse or 'glue sniffing' as it was then known and, by 1983, VSA became a recognised problem.

The extent of VSA is difficult to determine. It has been estimated that 5-10 per cent of young people have experimented with solvents'. However, there is

Table 1: examples of products containing solvents

| Main solvents | Products containing solvents |
|--|--|
| Butane, isobutane, CFCs | Hairsprays, deodorants, air-fresheners, de-icer, dampstart, pain-relieving sprays, cigarette lighter refills |
| Acetone | Nail varnish and remover |
| Trichloroethane, tetrachlorethylene, trichloroethylene | Tipp-Ex, Zoff, typewriter correction fluids, industrial dry cleaning fluids |
| Toluene, hexane, trichloroethylene | Tyre repair adhesives, contact adhesives, balsa wood cement |

Continued from PI

Today, most VSA-associated deaths involve gas fuels, of which butane gas found in cigarette lighters is the major culprit. Butane replaced many of the chlorofluorocarbons, or CFCs, as the propellant in aerosols, and aerosol-related deaths (typically hairsprays and deodorants) have accounted for 8 per cent of the total fatalities since 1971. Inhalation of glues (mainly contact adhesives) has accounted for far fewer of the deaths (9.3 per cent) than might have been expected, given that VSA is sometimes referred to as 'glue sniffing'.

Who sniffs?

The reasons why young people inhale solvents are difficult to determine. Predisposing factors, such as family conflict, low or poor bonding relationships with families, low academic performance, peer rejection or alienation, have all been implicated in initiating solvent abuse. Research also suggests that solvent abusers are typically from lower socio-economic classes or have broken families.

Misused solvents

Any compound which is gaseous or which will easily vaporise at room temperature, has a psychoactive effect and does not produce highly irritating effects can be misused. Consequently, there is an enormous number, possibly over 1,000 products, which are commonly available and subject to abuse. Broadly, the misused compounds are:

- volatile gases/solvents – lighter fuels, spray paint
- aerosols – hairsprays, pressurised products
- anaesthetic gases – nitrous oxide, ether
- nitrites – amyl nitrite and butyl nitrite.

The Royal Pharmaceutical Society is cracking down on the sale of amyl nitrate (poppers) in non-pharmacy

outlets. In pharmacy it carries a P licence when sold as a first aid treatment for cyanide poisoning. A consideration of the health hazards associated with its use can be found elsewhere⁵.

Possession of solvents is not illegal. Legislation in the form of the Intoxicating Substances Supply Act, introduced in England and Wales in 1985, is directed against retailers who sell the products to persons under 18 whom they suspect might be misusing the product. However, this law is hard to enforce and there are only a handful of prosecutions per year. In Scotland, common law allows for the prosecution of somebody whose wilful and reckless action causes injury to another person.

Dependence

The abuse and dependence potential of solvents has not been fully evaluated. Some studies in animals have shown that the anaesthetic gases, such as nitrous oxide and inhaled toluene, do result in self-administration which implies that the drugs produce positive reinforcing effects. Nevertheless, after daily exposure to toluene and trichloroethane, mice have not demonstrated tolerance to the behavioural effects of these agents⁸. While it appears that solvents do not give rise to the powerful reinforcing effects of drugs such as heroin or amphetamine, they do exert strong psychological effects and provide the user with a means of escape from reality.



Mode of action

The volatile solvents are best described as CNS depressants and, as such, their mode of action is probably analogous to that of anaesthetic agents.

Many solvents are exhaled unchanged, though most undergo hepatic cytochrome P-450 oxidation to produce

less toxic metabolites.

However, certain solvents, such as carbon tetrachloride, chloroform and dichloromethane, can give rise to free radical metabolites which cause hepatotoxicity⁷.



Effects of inhaled solvents

The inhaled solvents, due to their lipophilicity, are rapidly absorbed through the lungs and then quickly distributed to the brain and other organs. The effects therefore appear within minutes of inhalation.

The cortical centres are initially affected and this produces the 'high'. Together with feelings of euphoria, slurred speech and ataxia, the initial effects of solvents are akin to those produced by alcohol. The user will commonly experience hallucinations and a general feeling of confidence.

Dangerous delusions, such as an imagined ability to fly or swim, have also been known, effects which have led to deaths. Other less pleasant effects include nausea, vomiting, tinnitus, sneezing, flushing and coughing.

The initial effects will last for 15 to 45 minutes, though experienced users have been known to maintain the high for up to 12 hours by continuing to inhale the vapours¹¹. The user will feel drowsy for the next two hours or so as the effects wear off. The most common aftereffect is no more than a headache.

Adverse reactions

The majority of the sudden deaths attributed to VSA are as direct toxic effects produced by the solvent³. Other mechanisms of death include inhalation of vomit, suffocation from a plastic bag over the head during administration and trauma, where the person sustains a fatal injury while intoxicated. Burns⁸⁻¹⁰ have also been sustained when gasses have been ignited.

Serious damage has been observed in:

● Respiratory system

Many of the aliphatic hydrocarbon solvents such as butane are pulmonary irritants and can give rise to chemical pneumonitis. Furthermore, inhaled solvents reduce the partial pressure of oxygen in inhaled air which leads to hypoxia. Once the partial pressure of oxygen falls below 10 per cent, loss of consciousness occurs¹¹. Since many of the volatile solvents are denser than air, once a person collapses they will continue to deteriorate, particularly after inhaling a liquid solvent.

● Cardiovascular system

The aliphatic hydrocarbons and alkyl halides such as trichloroethane are known to be arrhythmogenic and to induce ventricular tachycardia¹²⁻¹⁵. It has also been suggested that many of the cases of sudden death in solvent abusers are related to the effects on the heart.

It appears that certain solvents, such as the aliphatic hydrocarbons and alkyl halides, can sensitise the heart to the effects of noradrenaline. In laboratory animals exposed to inhaled hydrocarbons, giving adrenaline after exposure has resulted in serious ventricular arrhythmias, including ventricular tachycardia¹⁶. This myocardial sensitisation means that any activities which produce a rise in the level of noradrenaline, like exercise, can give rise to arrhythmias.

In addition, there are reports of users spraying aerosols directly into the throat which can often result in death. The reason for death in such cases is thought to be due to vaso-vagal inhibition. This effect, which can also be produced by extremely cold water, occurs when the vagal nerves, which run close to the back of the throat, are stimulated by butane gas, producing intense bradycardia – often to the point of arrest.

● Electrolyte balance

It is known that solvents also affect electrolyte balance resulting in hypokalaemia, hypophosphataemia and hypocalcaemia. Such disturbances, in particular hypocalcaemia, may be responsible for reduced myocardial contractility and cardiac arrest¹¹, while hypokalaemia may account for severe muscle weakness often reported by users.

● **Neurological changes**
Permanent damage can occur to the CNS. The reported damage has included cerebral, cerebellar and brain stem white matter atrophy, as well as damage to the optic nerve, leading to blindness, nerve deafness and peripheral neuropathy.

Other reported neurological effects include ataxia, confusion, delusions, hallucinations, memory loss, paresthesias and visual disturbances. One study of 160 pupils aged 13 to 16 reported that VSA impaired vocabulary and IQ, though the authors point out how such deficits are 'unlikely to reflect a causal effect' with VSA¹⁷.

● **Renal damage**
Simple indicators of renal damage, such as proteinuria and haematuria, have been observed in solvent users. Other single case reports included hepatorenal syndrome (kidney failure) and nephrolithiasis (kidney stones), Fanconi's syndrome, glomerulonephritis and distal renal tubular acidosis. Damage to the liver in the form of centrilobular hepatic necrosis has also been reported in conjunction with renal failure¹⁸.

Clinical presentations of VSA can include perioral eczema or 'glue sniffers rash', oesophagitis and gastritis,

together with epigastric pain and sometimes 'coffee ground' vomit with an unusual odour. Other symptoms can include dyspnoea and a non-productive cough, sleep disturbances and irritability, as well as the neurological disorders, like slow, slurred speech, as described earlier.



Treatment and prevention

The major impetus for change rests

with the notion of prevention and education through harm minimisation by healthcare professionals, the Department of Health and manufacturers.

● Harm minimisation

As the problem of VSA became more widespread during the 1980s, the harm minimisation approach was widely adopted. This principle, accepting that people are unlikely to stop inhaling solvents, seeks to reduce the harm and danger associated with their use.

Early advice centred around the fact that aerosols were more dangerous than glues and, since suffocation with plastic bags was responsible for many of the deaths, people were encouraged to use smaller bags. Other advice related to specific aspects of inhalation practice, eg not to spray aerosols

directly into the mouth or to avoid inhaling alone or in areas of potential risk of injury, such as riverbanks and railway bridges.

● The Department of Health

In 1992, and again in 1994, the DoH launched a campaign to raise awareness of VSA and has produced booklets such as 'Solvents: a parents' guide'. It is thought that it was the increased public awareness of the problem that led to the fall in the number of reported deaths after 1992¹.

Much of the early advice has been criticised in a recent Advisory Council for the Misuse of Drugs report on VSA². The simple message from this is the unambiguous statement: 'VSA is too dangerous, don't do it'. However, the report supports the provision of education in schools about the dangers of VSA. Awareness of VSA is also raised by the work of charities such as Re-solv.

The Government has recently launched another campaign through advertisements in magazines and newspapers in an effort to raise awareness of the problem.

● Manufacturers

There has also been pressure on the manufacturers to change their formulations (trichloroethane has now

ACTION PLAN

- 1 In your practice workbook, list products which have the potential to be abused.
- 2 Look for the signs of volatile solvent abuse in youngsters who use your pharmacy.
- 3 Contact your health authority or any other suitable source to obtain the latest leaflet on volatile solvent abuse. Display them prominently during school term.
- 4 Contact your local police station to find out if there is a problem with volatile solvent abuse in your area. What are they doing to contain the problem?

been removed from correction fluid) and to restrict the size of cigarette lighter refills. However, the response of manufacturers has been limited and they have tended to increase the awareness of retailers to the problems of VSA and how to recognise potential solvent abusers. They have also sought to add warning labels to their products.

References available on request from the Editor.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December, 1997.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test.

C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in C&D October 11, which will cover this week's CPP-accredited modules, together with those in the September 20 issue.

The MCQ paper for the August modules will be enclosed in next week's C&D, covering:

- Foot Care (1062)
- Melatonin (1063)
- Diabetic Complications (1064).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

From September 6 the numbering sequences for modules and MCQ papers will change. All existing and future

module numbers will be prefixed by the digits '10'. All MCQ form numbers will be prefixed by the digits '20'. The following is a list of CPP-accredited modules published since January 1996 with the new module numbers:

- Communication and the Pharmacist (1001)
- Rheumatoid Arthritis (1002)
- ACE Inhibitors (1003)
- The Endocrine System (1004)
- Sleep Disorders (1005)
- Pituitary Problems (1006)
- Croup (1007)
- Hormonal Contraception (1008)
- Schizophrenia (1009)
- Psoriasis (1010)
- Constipation (1011)
- Methadone (1012)
- Methadone Supervision (1013)
- Beta-blockers (1014)
- Cystitis (1015)
- Palliative Drug Therapy (1016)
- Responding to Symptoms (1017)
- Drug Interactions Part 1 (1018)
- Drug Interactions Part 2 (1019)
- Malaria (1020)
- Headache (1021)
- Drugs in Sport (1022)
- Indigestion pt1 (1023)

- Sexually Transmitted Disease (1024)
- Cannabis (1025)
- Indigestion pt2 (1026)
- Diuretics (1027)
- Eating Disorders (1028)
- Coughs & Colds pt1 (1029)
- Inhaler Devices (1030)
- Chinese Herbal Medicine (1031)
- Coughs & Colds pt2 (1032)
- Hallucinogens (1033)
- Amphetamines (1034)
- Irritable Bowel Syndrome (1035)
- Acne (1036)
- Lower Back Pain (1037)
- Myalgic Encephalomyelitis (1038)
- Calcium Channel Blockers (1039)
- Stoma Care (1040)
- Dry Skin Problems (1041)
- Parkinson's Disease (1042)
- Lice & Scabies (1043)
- Alcoholism (1044)
- Protease inhibitors (1045)
- Constipation (1046)
- Tuberculosis (1047)
- Haemorrhoids (1048)
- Cholesterol (1049)
- Lipid Lowering Drugs (1050)
- Allergic Rhinitis (1051)
- Skin Melanoma (1052)

- Snoring (1053)
- Benign Prostatic Hyperplasia (1054)
- Anaemia (1055)
- Nausea (1056)
- Aspirin (1057)
- Breast Care (1058)
- Osteoporosis (1059)
- Diarrhoea (1060)
- Hepatitis (1061)
- Foot care (1062)
- Melatonin (1063)
- Diabetic Complications (1064).
- Volatile Solvent Abuse (1065)
- Nappy Rash (1066)

Monthly MCQ papers currently on faxback are for 1997 only. The following new codes apply for each month (the last two digits correspond to the last two digits of the first learning module which the MCQ paper covers):

- January 2039
- February 2042
- March 2045
- April 2048
- May 2051
- June 2055
- July 2059
- August 2062

Bring on the substitute

A parent with a sick child hands you a prescription for Amoxil suspension. It is the end of the day and you have run out, but feel you can't simply turn them away. Is a generic substitute an option? **Ruth Rodgers**, an independent pharmaceutical consultant, formerly of the Royal Pharmaceutical Society's law department, finds out what you can and can't do

Joe R was busy with the evening rota. For some reason nearly every prescription seemed to be for Amoxil SF suspension, especially the 125mg/5ml strength. Perhaps there was some sort of bug doing the rounds? The final bottle was used as he dispensed the last prescription.

As Joe was leaving the premises at 7.00pm, a car drew up. He could see a woman holding a young child inside as the driver got out clutching a prescription. "Am I glad to have caught you! The doctor has given us a prescription and said it's important for the child to start the treatment tonight. I thought we were going to miss you, and there's nowhere else I know of that is open until tomorrow."

Joe unlocked the shop, but his heart sank when he saw the prescription was for Amoxil SF 125mg/5ml.



Opting for a substitute

Despite having no Amoxil 125mg/5ml suspension, Joe did have a few bottles of a generic equivalent. Although he knew that he shouldn't veer from the prescription, he didn't think anyone would know if he supplied the generic version. It was, after all, the same strength of the same ingredient. He would be satisfying the customer and supplying medication urgently required by a child.

Joe decided to go ahead with this option. He dispensed the item, labelled as Amoxil, making no further comment when he handed the product to the child's father other than reminding him about storing it in a fridge and completing the course of treatment.

The following morning Joe endorsed the prescription as though he had dispensed the proprietary brand.

He gave no further thought to the incident until several weeks later, when he received a visit from a Royal Pharmaceutical Society inspector, saying that a complaint had been received from the patient's mother.

Because the child had not seemed to be recovering quickly after starting the amoxycillin dispensed, the mother had taken the bottle to her usual pharmacy to ask for advice about the need to revisit the doctor. The pharmacist, alerted by the labelling discrepancy, was concerned to see that Joe had substituted a generic and asked if anything had been said about this at the time.

The parents were by this time becoming alarmed and suspected this substitution had something to do with the child failing to improve. Despite reassurance from their doctor, they felt that something wasn't right and decided to take the matter up with their health authority and the RPSGB.

Joe was interviewed and asked to produce the prescription. He agreed that he shouldn't have substituted a generic when a prescription was written for a proprietary brand and explained the situation he had found himself in that evening. He no longer had the prescription because it had already been sent for pricing, nor was he able to produce a prescription medication record since he only kept these for his regular customers and the child's parents did not normally use the pharmacy.

The inspector said he would be sending a report to the Society. Joe had also heard that the health authority was concerned that his actions indicated fraudulent activity by intentionally claiming for the Amoxil when he had supplied a cheaper product.

Several weeks later, he received a letter from the Law Department setting out the



allegation that he was in breach of the Code of Ethics. The letter explained that disciplinary action was being contemplated and asked for Joe's comments.

He was shocked to realise that the situation had reached this stage and wondered what he could have done to avoid it. He wondered whether he should simply have turned his back on the child's circumstances. He couldn't believe this course of action would have been right since the child would have been left to suffer unnecessarily.



Right options

In fact, there are a number of options Joe could have considered, these even include substituting a generic amoxycillin product. To do this he would have to comply with the Code of Ethics, obligation 1.17. This requires him to contact the prescriber to sanction the substitution, but allows him to use his professional judgment to make a relevant supply if the prescriber is unobtainable and he believes the situation to be an emergency.

Joe would have been wise to make enquiries to support his decision and keep a note of the action taken. The container should be labelled with the name of the product supplied

and not the one prescribed – to do otherwise could be a breach of the Medicines (Labelling) Regulations 1976. The prescription should be endorsed to show what had been done and, perhaps most important of all, he should tell the customer what he is doing and give suitable reassurances if necessary.

Other options, if Amoxil 250mg/5ml is in stock, include supplying it diluted to half-strength or giving it full strength with an instruction to halve the prescribed dose. Suitable counselling will need to be given to the patient's carer/representative to ensure that there will be no misunderstanding, especially if the dose to be given varies from the prescriber's instruction and there is a risk of confusion.



Official stance

There was no need for the situation above to have developed. One of the key principles of both law and ethics is to prevent actions that can result in harm being caused to individuals and the public in general. In this case, it is clear had Joe done his homework, he would have been able to satisfy his patient and not be facing the worry of an official investigation.

PSORIASIS *movers*



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is 50 micrograms calcipotriol per g (as
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dilutions: Cream, Ointment. Treatment of
moderate plaque psoriasis affecting up to
of skin area. Scalp Solution. Topical
ment of scalp psoriasis. Dosage and
istration: Apply twice daily to the
ed areas. Maximum weekly dose should
ceed 100g of Cream or Ointment or 60ml
Solution. Not recommended in children or
ancy as there is no experience of use.
Dovonex Scalp Solution is used together
Dovonex Cream or Ointment, the total dose
ipotriol should not exceed 5mg in any
e.g. 60ml Scalp Solution plus one 30g
of Cream or Ointment or 30ml Scalp
n plus 60g (two 30g tubes) of Cream or
ent. Contra-indications: Patients with
calcium metabolism disorders
sensitivity to any constituents. Precautions:
d not be used on the face. Wash hands
application. Avoid inadvertent transfer to

other body areas, especially the face.
Hypercalcaemia has been reported in
generalised pustular and erythrodermic
exfoliative psoriasis. Use a non-steroidal
weekly dose since hypercalcaemia usually
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occur. Drug Interactions: There are no
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Solution as above. In addition, irritation of
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pregnancy and lactation: Safety for use during
human pregnancy has not yet been established,
although studies in experimental animals have
not shown teratogenic effects. Avoid use in
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Dovonex Scalp Solution, P/L 143, 144, 145, 146, 147, 148, 149



The bottom line

Nappy rash can be distressing to the baby and to the parent searching for a quick solution to the problem. **Derek Balon**, community pharmacist and King's College lecturer, investigates

Nappy rash is a very common condition of infants and is simply defined as dermatitis of the nappy area. While it is easy to describe the condition, the exact cause is not clear excepting that it is irritation of skin in the nappy area. It should be noted that the same condition can occur in older children and adults who are urine incontinent, so the nappy itself is not a direct cause.

The frequency of urination in infants is implicated in the problem. Babies up to two months old pass urine up to 20 times a day. This decreases to about eight times a day by the age of two years (some authorities quote eight years). Defaecation also occurs more frequently in babies, up to eight times a day in the very young, decreasing with age.

Incidence

According to one survey, up to 65 per cent of infants

under 20 months old have had nappy rash. A second survey reported the greatest incidence in infants between three and six months of age (19 per cent). In a UK survey from 1987, 5 per cent of children (defined as under 15 years old) were reported as having the condition in the last two weeks with a slightly higher figure for girls.

Pathophysiology

The skin in adults is usually about 2mm thick but in infants it is only about 1mm and is thus more delicate and susceptible to injury. The epidermis represents about 5 per cent of this tissue and, in common with the skin, acts as a barrier to external agents. If the skin is subjected to some foreign substances, it becomes



The management of nappy rash is usually simple

inflamed. Nappy rash is when that inflammation is in the nappy area – in other words, perineum, buttocks, lower abdomen and inner thigh. It may be confined to the stratum corneum (top layer of epidermis) but can involve the epidermis and even the dermis.

The pathological changes which result from damage to the epidermis vary with the causative agent but include erythema, maceration, vesicles, pustules, papules or even fissures.

Causes

There is little argument about the cause of the condition: it is the result of irritation by external agents. But the actual pathology is not clear. Various alternative theories have been put forward without consensus agreement.

● **Ammonia theory:** this states that the ammonia

which is formed by the action of bacteria on urine increases the pH. This activates faecal enzymes which damage the local skin. It has been shown that urine itself does not cause significant irritation or damage if left in contact with the skin for 48 hours but will if left for ten days, an unlikely time scale in general. It has also been established that high pH, the result of agents other than urine or ammonia, results in activation of proteases and lipases which break down the epidermis.

● **Faeces** have been implicated in nappy rash. Even in the absence of urine, faeces cause skin irritation. This accounts for increased incidence of nappy rash when babies have diarrhoea or more frequent motions. Both undigested foods and their gut-digested derivatives present in faeces contain various substances which are irritant to the skin. If the faeces is left in contact with



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11, PROVIDES 1 HOUR OF
CONTINUING EDUCATION

OBJECTIVES

- To be familiar with the pathophysiology of nappy rash.
- To understand causes and complications of the condition.
- To recognise the signs and symptoms in order to reach an accurate diagnosis.
- To be aware of drug and non-drug management.
- To be aware of the role of thrush in nappy rash.

the area for even a short time, these substances may cause damage.

● **Moisture retention:** skin wetness (indicated by transepidermal water loss) has been shown to cause nappy rash on its own. Skin exposed to constant wetness becomes 'waterlogged'. The sweat glands become blocked with kerolytic plugs resulting in the development of vesicles and thus skin irritation. This mechanism suggests that the presence of excess urine (water) may be a contributory factor.

● **Mechanical irritation:** the presence of the nappy, especially when held in place by the plastic outer covering, increases the moisture content of the air surrounding the local skin. It also increases the temperature at the site and results in pressure and thus physical abrasion. All these factors may influence the development of nappy rash.

● **Chemical irritation:** some substances present in preparations designed for nappy rash may themselves be irritant to the delicate skin of babies. Similarly, washing materials (soap and detergents) may cause problems.

Complications of nappy rash

Damaged skin provides a suitable substrate for the overgrowth of bacteria and fungi. It should also be noted that the area is moist, warm,

protected from physical cleansing (except when the nappy is changed) and has a high pH. It is hardly surprising that normal commensals become pathogens in this environment.

● **Fungi:** one of the most common fungi to be isolated from the site of nappy rash is *candida albicans*. It has been suggested that this agent is not the secondary but rather the primary cause of more serious nappy rashes. It is present in the stool of up to 20 per cent of normal infants. There is also a strong association between the severity of the attack and the presence of *C albicans*.

Use of broad-spectrum antibiotics may encourage the fungal growth and it is common to see oral candidiasis (thrush) present concurrently.

● **Bacteria:** it has also been shown that *staph. aureus* is implicated in some cases of nappy rash. A more serious pathogen is *streptococcus pyrogenes*. If the nappy rash is pustular or has lesions which are crusted, bacterial infection should be suspected and the patient referred.

Patient presentation

Carers (mothers, fathers, grandparents and so on) usually present the infant in person stating that the child 'has nappy rash - what is best? The appearance of the skin, its location, the age of the child and its history are usually diagnostic. There are few serious complications or other conditions which mimic nappy rash and management is usually simple.

Questions to ask:

- Where is the rash?
- Describe its appearance
- How long has it been present?
- Do you use disposable nappies? (Very few do not)
- How often do you change the nappy?
- How do you clean the baby's nappy area?
- What do you apply after cleaning?
- Has the baby got a temperature?
- Has the baby diarrhoea?
- Have you added a new food to the diet?
- Has the baby recently had medication?

Diagnosis

Diagnosis is not a challenge. The skin's appearance and the location of the rash

are very characteristic.

Symptom complex/region

In this condition it is best to consider these two 'areas of concern' as one. The skin will be inflamed which will result in itching and burning. Classically, the skin in the nappy area (as defined above) will be red (mild erythema). More severe cases will show more erythema, and maceration may be apparent. In infected cases vesicles or pustules may be present.

The distribution of the rash may be positional depending on whether the child spends most of its time on its back or stomach. The folds of the skin are often most severely affected.

Candida infections may be recognised by the presence of a bright red, sharply margined rash which may have satellite pustules or erosions. Bacterial infections may show pustules which rarely become encrusted (as in impetigo). Viral infections may be present with vesicles. Other conditions which produce nappy rash-like symptoms are rarely seen in the pharmacy.

Universal factors

Breast-fed infants tend to urinate and defaecate less often than those who are bottle-fed. Their urine also tends to be less alkaline. This fact is of little absolute diagnostic value but should be borne in mind in assessing the condition.

Provoking factors: high-protein foods tend to increase the pH of infants' urine and may be implicated in nappy rash. Inappropriate cleansing techniques, infrequent nappy changes, a new toiletry, a change of diet and sometimes teething may provoke the condition.

Relieving factors: cleaning the skin, frequent nappy changing, leaving the skin open to the air, and removing plastic nappy coverings all may help provide relief.

Time/intensity

Nappy rash is a common infant condition. If the skin is broken or there are signs of infection, the patient should be referred. If the condition is not showing signs of considerable improvement in one week, referral is similarly required.

Natural history

The condition is episodic, often with an insidious onset. Redness may be followed by small papules which may become infected and develop into pustules. Fungal overgrowth with arc form

edges of erythema may be seen. Oral thrush may be present.

Your current medication

A course of broad-spectrum antibiotics may result in *C albicans* proliferation and this cause should be considered. Use of a new toiletry, especially if it contains lanolin, may be a culprit.



Management

The management of nappy rash is usually simple, but treatment may not result in instant respite for the infant.

Active treatment involves removing the source of irritation, reducing the skin reaction, relieving discomfort and preventing secondary infection. While emollients and barrier preparations are the mainstay of treatment, non-drug management is at least as important.

Note that hydrocortisone must not be sold OTC for nappy rash.

Application of the CARE mnemonic has little significance.

Chronic/risk group/age

Sufferers are all infants. Some authorities maintain that infants under three weeks do not suffer with nappy rash and thus any patient below that age should be referred. Nappy rash may also be seen in the incontinent and this fact should not be forgotten.

Allergies

Caution should be exercised if recommending products before confirming the existence of allergies (eg lanolin).

Reaction of proposed medication

This is rarely a problem.

Establish patient preference

There are many products available to treat nappy rash: cream and ointments are the basis, but a patient's carers often have a preference for one type.

Non-drug management

The first process in management is cleanliness. Keeping the area spotless is an essential first step. Frequent nappy changes are required. Remember a three-month-old baby passes urine as many as 12 times a day: defaecation occurs several times daily.

Leaving the area exposed to the air is beneficial as this removes potential irritation from the nappy and its content (urine and faeces), reduces skin waterlogging

and allows previously over-moisturised skin to 'dry'.

The use of baby powder is controversial. Some authorities consider that it may act as an abrasive, clumping in the presence of moisture. Others (especially in the US) suggest corn starch is safe, as it has a drying action. Inhalation of the powder may constitute a potential hazard and care should be taken to keep the powder away from the baby's face.



Product selection

Barriers

Protectants act as a physical barrier to irritants, preventing urine, water and faeces reaching the delicate skin. Various agents are available, including soft paraffin, zinc oxide, cod liver oil, dimethicone, lanolin, mineral oil and titanium dioxide. These are found in many of the proprietary nappy creams and ointments, and there is no evidence that one is superior to another. The only qualification to this is the avoidance of adverse or allergic reactions to the chosen product.

Antiseptics

These are of questionable value. In the US, the use of boric acid and many phenol derivatives has been discouraged. Sensitivity is a significant factor to be considered.

Antifungals

Miconazole or clotrimazole may be used to treat nappy rash with fungal overgrowth. If remission is not obtained in five days, the patient should be referred to a GP.

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ACTION PLAN

- 1 For the next week record the number of sales made for over the counter nappy rash preparations.
- 2 Over the same period, record the frequency with which you are asked to advise on nappy rash. How does this compare to the frequency of sales for nappy rash products?
- 3 Record in your practice workbook the number of requests made for the treatment of nappy rash thrush (including oral thrush in infants) during that week.
- 4 When the opportunity arises, examine any nappy rash cases and note features of the rash.

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Signature..... Date.....

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X

| | | | | | |
|---|--|----|--|-----------------------------|--|
| No. of days treatment | | NP | | Prescribing Office use only | |
| NB Ensure dose is stated | | | | | |
| Piperazine citrate 750mg/5ml 15ml daily for 7 days | | | | | |
| of Doctor | | | | Date | |
| Form FP10 (Wales) (Rev 12/77) | | | | | |
| IMPORTANT Read notes overleaf before going to the chemist | | | | | |

A patient comes into the pharmacy with a prescription for piperazine to treat threadworm that she has caught from her children. She informs you that she is 12 weeks pregnant

Questions

- 1 What is threadworm?
- 2 Can the patient be given piperazine?
- 3 What other management points of the condition need to be considered?

Answers

1 Threadworms are parasites which infest the gastrointestinal tract of the host, feeding off the contents of the bowel. Although infestation is unpleasant and carries a social stigma, it is not life-threatening. Adult threadworms live between four to six weeks and during this time they lay their eggs on the perianal skin, which causes irritation and the urge to scratch. The eggs are then transferred to hands and embed themselves under the fingernails. The eggs are then ingested and the cycle starts again.

2 Although the possibility of foetal harm is small, piperazine should be avoided during the

first trimester of pregnancy and treatment should be delayed until after parturition.

Piperazine is readily absorbed from the gastrointestinal tract and therefore has the potential to cause harm to the foetus. Animal studies have not shown piperazine to be teratogenic and reports of teratogenicity in humans have been sparse. Two reports have been cited where this drug was associated with foetal abnormalities; one baby was born with a bilateral hare lip, cleft palate and anophthalmia, the second child was born with an abnormality of the left foot (both women took the drug in their first trimester).

3 Washing hands and scrubbing nails before each meal and after each visit to the toilet is essential. A bath taken immediately after waking up will remove any ova laid during the night. Symptomatic control of anal pruritis may be considered necessary by the patient. All members of the family should be treated and should follow hygienic measures.

MIGRAINE

TABLETS

PARACETAMOL  DIHYDROCODEINE

PARAMOL

POWERFUL PAIN RELIEF YOU CAN CONFIDENTLY RECOMMEND FOR MIGRAINE, BACK PAIN, PERIOD PAIN, DENTAL PAIN, HEADACHE AND FEVER.

Abbreviated Product Information. Presentation: White tablet engraved PARAMOL containing 500mg paracetamol BP and 7.5mg Dihydrocodeine Tartrate BP. Indications: For the relief of moderate to severe pain, including headache, migraine, feversh conditions, period pains, toothache and other dental pain, backache and other muscular pain and also as an anti-pyretic. Legal Category: P. Product Licence Holder: Seton Products Ltd, Oldham. PARAMOL is a Registered Trade Mark. Further information is available on request from the Licence Holder.

Seton Healthcare Group Ltd

Treading the N Ireland Boards

C&D talks to the directors of pharmaceutical services at the Northern Ireland Health Boards about their current role and priorities for the future

The re-organisation of the NHS and the move towards primary care have created challenges and opportunities for pharmacists working within commissioning authorities. In Northern Ireland, the role of the directors of pharmaceutical services in the Health & Social Services Boards has evolved rapidly in response to these developments.

The four Boards in Northern Ireland (called Northern, Southern, Eastern and Western) were established in 1974. As in Scotland, they commission health-care from providers, and also secure family practitioner services. They are unique within the UK, however, in also having responsibility for commissioning personal social services.

These combined functions are reflected at a higher level in the structure of the Northern Ireland Department of Health & Social Services which determines the strategic priorities for promoting the health and social well-being of the 1.6 million people who live in the Province.

The HPSS Executive is responsible for allocating resources and for monitoring the performance of Boards in achieving a range of objectives relating to the regional strategy.

The NI Central Services Agency carries out a wide range of administrative functions on behalf of the four Boards, including the processing of prescriptions by the 505 pharmaceutical contractors in the Province.

The legal and contractual framework for pharmaceutical services mirrors that in the rest of the UK, although there are some significant variations which have been achieved through local negotiation.

There is provision for each Board to have a local pharmaceutical committee, but this function has been fulfilled since 1974 by a single regional body, the Pharmaceutical Contractors Committee. Each Board does, however, have a Pharmaceutical Advisory Committee.

Pharmacy directors

Three of the four Boards currently have a director of pharmaceutical services. The directors' core responsibilities are similar to those of the chief administrative pharmaceutical officers in Scotland and the directors of pharmaceutical public health in Wales, but there are variations in the organisational structure and the scope of the duties.

The prime function of the direc-

tors is to advise their Boards on pharmaceutical services issues and medicines management, across primary and secondary care. They fulfil an important liaison and professional leadership role which involves regular contact with a wide range of people both inside and outside the HPSS.

The pharmaceutical director of each Board is accountable to its chief executive. There is a close working relationship with other directorates, particularly public health, primary care and nursing.

The pharmaceutical prescribing advisers are part of the pharmaceutical directorate, but work on a day to day basis in the GP unit. Similar links exist with pharmacists who work in the registration and inspection units, which monitor standards within nursing, residential and children's homes.

Community pharmacy

With the move towards a primary care-led service, the role of the pharmaceutical directors has broadened from its original focus on hospital pharmacy. The emphasis has shifted towards community pharmacy and seamless care issues.

The directors of pharmaceutical services in Northern Ireland feel their input will be vital during the next few years when decisions will be made which will have a major impact on the future of community practice.

A number of initiatives are under way in Northern Ireland to develop the role of community pharmacists and to encourage closer working relationships with other health and social care professionals.

The Boards have worked closely in these developments with local pharmacists, GPs and other bodies, such as the School of Pharmacy at the Queen's University of Belfast, the NI Centre for Postgraduate Pharmaceutical Education and Training, and the professional organisations.

Initiatives concerned with pharmacists' influence on prescribing include:

- formulary development training
- a generic prescribing campaign
- case notes in community practice – a programme encouraging pharmacist/general practitioner interaction
- a major project on repeat dispensing which is about to commence in conjunction with the School of Pharmacy. This is a significant development which should have considerable impact in the Province
- the evaluation of the role of practice-based pharmacists on a number of pilot sites.

Collaboration in prescribing has been extended through the establishment of Board-wide prescribing liaison committees. These provide a forum for primary and secondary care representatives to discuss issues such as shared care protocols, admission/discharge, and drug innovations.

Community pharmacy audit projects are also continuing from the base established by the Pharmaceutical Society of Northern Ireland. A wound care initiative to determine and disseminate best practice is an example of Province-wide multidisciplinary working.

An electronic data interchange (EDI) pilot has recently been initiated to examine the feasibility of remote capture of dispensing information.

There is also ongoing involvement in welfare food schemes, a review of dispensing doctor arrangements and compilation of new guidelines for registered homes.

As elsewhere in the UK, there have been a number of changes to the pharmaceutical contract, such as to rota services, PMRs and domiciliary oxygen, which have required Boards to review the provision of services and implement new budgetary arrangements.

The role of pharmacy directors

Advice to Boards

All pharmaceutical issues
Legal and contractual
Pharmaceutical practice
Local service provision
Standards
Needs assessment
Strategic planning
Medicines management

Administrative support

APAC
Pharmacy Practices Committee
Specific projects

Medicines management/prescribing

Formularies
Discharge medication
Shared care
Drug innovations
Prescribing liaison
Practice-based pharmacists

Hospital pharmacy

Standard setting
Monitoring
Service development

Professional development

Research
Audit
Education and training

Registered homes

Standard setting
Inspections
General advice

Community pharmacy

Professional allowance
Rota services
Out of hours services
Essential small pharmacies
Dispensing doctors
Domiciliary oxygen
Service development
Multi-professional initiatives
Welfare foods
Health promotion initiatives
IT developments (eg EDI)

Wider input/liason

Pharmaceutical bodies
DHSS
Outside organisations

Pharmacy directors: who's who

Northern Board

Denis Morrison was appointed to the Northern Board as CAPO in 1987. He started his career at the Belfast City Hospital, following completion of an MSc in management studies.

He then moved to the DHSS where his main duties were in the area of pharmaceutical practice, and education and training. During this period, he carried out research into GP prescribing for his PhD.

Dr Morrison's first appointment in the Northern Board area was as group pharmacist in 1982. Since 1984, he has been a part-time/honorary lecturer at the School of Pharmacy in Belfast.

He is currently the chairman of the Northern Area Prescribing Liaison Committee.



Western Board

Sally O'Kane doubles as director of pharmaceutical services and clinical director for pharmacy/CSSD services for Altnagelvin Hospitals Trust.

She worked in community and hospital pharmacy in Belfast before moving to Derry. She held the post of district pharmaceutical officer and principal pharmacist in Altnagelvin before being appointed to her present post in 1992.

She is a past member of the Council of the Guild of Hospital Pharmacists and is chair of the Central Pharmaceutical Advisory Committee.

She has a particular interest in the development of community pharmacy and was successful in obtaining funding for the appointment of a community pharmacy adviser based at the Board, the first post of its kind in Northern Ireland.



Eastern Board

Andree McCollum has been director of pharmaceutical services to the Eastern Board since 1993. Prior to that she had provincial responsibility for hospital drugs and dressings contracts.

She graduated from Queen's University in 1977 and obtained an MSc in Hospital Pharmacy in 1986. She started her career in community pharmacy and then moved into hospital pharmacy. She is a past chairman of the NI Group of the Guild of Hospital Pharmacists.

She has an interest and involvement in education and training, and serves as a teaching assistant at the School of Pharmacy. Ms McCollum has been involved with European Union projects associated with healthcare restructuring in Central and Eastern Europe.

REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM.)

Forename
(full other initials as registered with the RPSGB or PSNI)

Surname

Registration No: RPSGB

PSNI

Pharmacy address

County Postcode

Tel no.

Fax number

E Mail

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|------------------------------------|-----|
| CiCPM part 1 & 117.50 (inc VAT) | (£) |
| CiCPM part 2 & 235.00 (inc VAT) | (£) |
| CiCPM parts 1&2 & 323.13 (inc VAT) | (£) |
| Total | (£) |

Send cheques and forms to Sue Chessman/Lane Newman, Miller Freeman, Pharmacy Group Special Projects, Sovereign Way, Tonbridge, Kent TN9 1RW (014732 364422)

Additional single module copies at £4.00 per module (plus VAT of £0.60), will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman. Full set £40.00 plus VAT of £5.96



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How to register

The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details). Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB Pharmacists registering for both parts simultaneously can save £25.

NDC acquires Hadley Hutt and Chemtec

Hadley Hutt and Chemtec, both of which specialise in software systems for pharmacies, have been acquired by US-based National Data Corporation for undisclosed sums.

NDC is a major software company – worth about \$1 billion – whose interests range from cash management to healthcare. On the pharmacy side, it supplies dispensing systems in the US and Canada, where it is market leader. It is also involved in EPoS and handling transactions for healthcare invoice claims.

The acquisition is NDC's first major entry into the UK healthcare market, although it has been involved in this country's financial market for 20 years. Chemtec and Hadley Hutt have about 2,500 pharmacists using their dispensary/patient record

systems, and 500 using their EPoS software.

NDC will probably use HH and Chemtec to win contracts for the NHS's embryonic data network.

Both HH and Chemtec retain their names and directors.

Tim Flanders, who co-founded Chemtec with his wife eight years ago and is managing director, says the company had reached the point where it needed extra resources to develop. "Chemtec is the largest independent supplier of pharmacy systems in the UK. We felt there was only so much two people could do," he says.

The deal also reflects the changing state of the pharmacy software market – most of the major suppliers have been acquired by large companies. Taylor Nelson AGB, for example,

paid \$1.4 million for John Richardson Computers a few years ago.

Mr Flanders admits that NDC was one of several suitors, but says he had wanted to deal only with the US company.

"The patient medication record market is developing systems that large companies want, which are not in the interests of pharmacies. I found a company whose interests are the same as ours – I'm confident we've got the right partner," he says.

NDC conducted a survey that placed HH and Chemtec top for their software and quality of service. For that reason, Chemtec and Hadley Hutt will retain their identities and remain separate companies, although they will liaise closely to pool their resources.

Tony McDowell, HH's managing director and majority shareholder, was also lured by NDC's huge resources. "Hadley Hutt had a size problem – people would see our proposals and say we were not big enough to develop them. NDC is a perfect match and we're talking to them about our future strategy," he says.

HH expects to expand significantly because of the deal. Within six months it should complete the first phase of its strategy.

Its projects include robotic prescription filling and an interaction database for UK pharmacies, similar to the US model being run by Medispan, which has links with HH.

Mike Hadley, HH's chairman and a minority stakeholder, is no longer working at the company.

Astra R&D in UK

Astra is investing approximately Skr600 million (£47.2m) in a new research and development laboratory to be based in Loughborough. The Swedish company is also spending more than Skr1.8 billion to build research facilities in Massachusetts, US, and Södertälje, Sweden.

Sales awards launched

Winning Business, the Institute of Professional Sales and the Sales Qualifications Board have launched the UK's first national sales awards. The 34 categories include the Sales Professional of the Year (Pharmaceuticals) and the first awards evening will be held on February 26 next year at the Park Lane Hilton, London. Entry forms for the pharmaceutical category can be obtained from Don Hales, tel: 0171 378 1188.

Strong pound strikes at Reckitt & Colman profits

Reckitt & Colman has been stricken by the strong pound, as first half pre-tax profits rose 0.1 per cent to \$165.1 million, compared with the same period last year.

The company's sales fell 4.1 per cent to \$1,112m. Iain Dobbie, R&C's finance director, explains that the strong pound cut turnover by \$114.8m and operating profit by \$19.3m. At constant exchange rates, the group's turnover would have grown nearly 6 per cent, while its pre-tax profit would be up 10.1 per cent.

R&C's global pharmaceutical sales, meanwhile, rose 8.8 per cent on a like for like basis to

\$125.9m. Its best-performing brands were Lemsip and Gaviscon, which it claims was the second most-popular prescribed medicine for heartburn in the UK.

European surface care sales, partly led by Dettol antibacterial surface sprays in the UK, rose 10.8 per cent. R&C's UK sales were up 27.1 per cent.

The group's global house care sales, however, fell 4.5 per cent to \$894.1m.

Vernon Sankey, R&C's chief executive, says it wants to concentrate on household and OTC pharmaceuticals. Australia and Africa, he adds, have great potential for OTC pharmaceutical sales.

Name change for Lilly subsidiaries

Eli Lilly is changing the names of its various UK businesses to Eli Lilly & Co. These include Liverpool-based Dista, Lilly's largest European manufacturing plant; the Lilly Research Centre in Surrey and Lilly Industries, the UK headquarters in Basingstoke.

Bert Van Den Bergh, Lilly's UK general manager, says the company hopes to avoid public confusion about its interests. Consumers and UK authorities, he says, did not realise that the various subsidiaries belonged to the same company.

The companies' original names will be retained on their product packs, but new products will have the Lilly name.

Lilly's UK subsidiaries have 1,750 employees and their combined exports were worth \$294 million last year.



'How's my driving?' Perhaps you could tell Mawdsley-Brooks next time you see one of its vans. The wholesaler has just joined the How's My Driving? scheme, which invites the public to criticise or praise a driver's skills. MB's 50 delivery vehicles now carry a distinctive sticker and Freephone number. Every comment is logged in an incident report, which is then sent to the company so that it can understand how the public perceive its commercial fleet. Unichem is also involved in the scheme, which, since it was launched in 1995, has attracted 174 companies with 18,000 vehicles

Edinburgh pharmacists form buying group

Community pharmacists in Edinburgh have formed a buying group, called Edinpharm.

The group has 29 shareholder members and is now recruiting associate members – it has one in Dundee. James Allen, the buying group's secretary, says its associate members must want to develop the group. "We don't want people who are just interested in discounts," he says.

Edinpharm's general manager is Steven Ward, who owns Grange Pharmacy.

Another shareholder, George Allen, director of G W Pharmacy, says the group consists of like-

minded pharmacists who want to protect themselves against increasingly powerful multiples.

Forming the buying group is the first stage, he adds, the next is to sell professional services to local GPs.

Edinpharm also proposes a wide range of training schemes for its members, carers and social services, such as management of prescribed medicines, domicile supervision, treatment of chronic problems and nursing home medication.

Potential associate members should contact Steven Ward on 0131 466 7093.

Drugs boost Novartis' sales

Pharmaceuticals were the driving force behind Novartis' strong first half sales, which rose 19 per cent to Sfr16,562 million (\$6,880m), compared with the same period last year.

Its operating income grew 25 per cent to Sfr1,002m. Novartis says merger synergies enabled it to reduce some overhead and administration costs, but most of this year's savings will occur during the second half.

The company's healthcare operating margin rose from 25.6 per cent to 26.9 per cent, mostly reflecting the restructuring that

is expected to save Sfr2,000m by 2000.

The group's pharmaceutical sales grew 23 per cent to Sfr6,928m, mainly because of a "dynamic performance" in the US. Spain was the company's best performing European market, although sales in Japan and Germany were affected by government measures to cut health-care costs.

Novartis' fastest-growing drug was Lescol, the cholesterol-lowering agent, whose sales rose 98 per cent to Sfr358m; followed closely by Lamisil, which treats

skin infections, up 92 per cent to Sfr397m. But Sandimmune and Neuril - treatments for transplantation and autoimmune diseases - remain the group's best-selling drugs, with combined sales up 19 per cent to Sfr890m.

Consumer health sales, in contrast, rose only 6 per cent to Sfr829m due to poor demand in Europe. Ex-lax, Theraflu and Neo-Citrin performed well.

The company's shares fell Sfr111 to Sfr2,085 after its results were announced, which reflected Switzerland's weak stock market.

COMING EVENTS

MONDAY, SEPTEMBER 8

Southampton Branch, RPSGB
Ten pin bowling evening at the Southampton Superbowl, Auckland Road, Millbrook, 7.30pm.

WEDNESDAY, SEPTEMBER 10

Bury & Rochdale Branch, RPSGB
Broad Oak Suite, Fairfield General Hospital, 8.00pm. 'Complementary medicine'

THURSDAY, SEPTEMBER 11

West Herts Branch, RPSGB
St Albans City Hospital, 7.30 for 8.00pm. 'Modern approaches to the treatment of diabetes'

WEDNESDAY, SEPTEMBER 17

Swindon Branch, RPSGB
Skittles social evening at the Trotting Horse, Bushton, 7.30pm onwards. Tel: 01793 520262.

Wrafton enjoys bumper year

Wrafton Laboratories' pre-tax profits leapt 70 per cent to \$1,058,000 on sales of \$22.8m for the year to April 30.

The company contract manufactures medicines and toiletries for major firms, such as Smith-kline Beecham and Roche, and supplies own-label products to Boots, Lloyds, Superdrug and leading supermarkets.

Wrafton says its biggest sales drive came from contract manufacturing for its clients' Euro-

pean markets. The company's sales were up 30 per cent and it expects them to grow 18.5 per cent to \$26.5m during the current financial year.

Exports, meanwhile, account for 18 per cent of its production - worth \$4m - and are said to be rising fast.

The company is building a 30,000sq ft warehouse next to its factory in Wrafton, North Devon, which is part of a \$3.6m investment programme.

Peter Black's profits show a leap of 125pc

Peter Black's pre-tax profits jumped 125 per cent to \$17.1 million on a turnover of \$151.6m - up nearly 27 per cent - for the year to May 31.

The company, whose interests range from personal care to footwear and accessories, saw growth throughout its divisions.

Its personal care pre-tax profits grew 11 per cent to \$9m, while its turnover rose 13.8 per cent to \$59.3m. PB produces a number of own-label brands for Marks & Spencer and it plans to expand this business by building an \$11m

toiletries and skin care plant in Trowbridge, Wiltshire.

One of the company's main healthcare brands, Natrasleep, had a test television campaign in the Granada TV area in March - the first time a licensed herbal medicine had appeared in a TV ad. PB says the campaign was a success and will roll it out to other regions during the year.

The company, meanwhile, has integrated Gerard House, the essentials oils and aromatherapy company it acquired for \$2.8m last winter.

Boots sells off A G Stanley

Boots has sold A G Stanley, its home decorating business, to venture capital group Alchemy Partners.

The group has made sacrifices to get rid of its loss-maker. It has sold AGS's shares for a nominal sum and guaranteed a cash balance of \$7.55 million.

AGS has 322 stores (trading as FADS and Homestyle throughout the UK. In the year to March 31, the business suffered an operating loss of \$11.8m on a turnover of \$109.4m.

Boots says the disposal will not affect its cash flow, although it will create a loss of \$180m,

including goodwill of \$122m.

The group bought AGS as part of the Ward White acquisition in 1989. AGS prospered until 1993 when sales slumped because of the weak housing market.

Lord Blyth, Boots' chief executive, says the group is looking after its shareholders' interests. "While the prospects for AGS are much brighter than they have been, it remains loss-making. We have a responsibility to our shareholders to review constantly the most value-creating options and have decided that this sale to Alchemy is in our shareholders' interests," he says.

ADVANCE INFORMATION

The Institute of Biology has a workshop on 'Diagnostics and remote sensing' on **October 2**. Royal Pharmaceutical Society, Lambeth, London. Details from the Institute of Biology, 20-22 Queensberry Place, London SW7. **Tunbridge Wells & District 'Headway'** is holding a meeting at the Headway House Day Centre, Pembury Hospital, Tunbridge Wells, Kent, **November 3**, 8.00pm, 'Reflexology - demonstrated and explained'. Further information on 01892 823120.

The FT Conference on 'Healthcare' will be held on **November 4/5** in London. Further details on 0171 896 2633.

BIRA meetings: Chelsea Hotel, London, **November 4** - 'Current issues in biotechnology'; Mayfair Conference Centre, London, **November 12** - 'Drug-device registration for pharmaceutical professionals: risks and resolutions'; University of Warwick, **November 23-25** - 'A practical introduction to biotechnology'. Further information on 0171 515 7673.

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Spending surge lifts pharmacy sales

Pharmacists are reaping the benefits of the current spending boom. During June – the most recent month for which detailed data is available – the value of pharmaceutical, cosmetic and toiletry retail sales grew at the equivalent of an annual rate of 18 per cent. This is the fastest year on year growth since December, 1988, and compares with a rise of just 5 per cent in the year to June, 1996.

Cosmetics continued to sell well during July, according to the British Retail Consortium, but the mixed weather hit sales of sun care products, while boosting demand for analgesics and cough and cold remedies. The Confederation of British Industry suggests that retail pharmacists enjoyed their strongest volume growth since the beginning of the year.

Various sources agree that the High Street is experiencing a shopping spree. Consumer spending, according to the CBI, will continue to surge throughout the year, but will tail off by the end of next year. The CBI's latest forecast suggests the annual spending growth in volume terms will hit the 4.7 per cent mark this year and 3.9 per cent in 1998.

Official second quarter estimates indicate that spending at current prices was up 6.3 per cent on the same period last year, following a 5.9 per cent increase in the first quarter.

The Office for National Statistics, meanwhile, reports that the value of retail sales grew 7.2 per cent in the year to July; from May to July they were up 6.3 per cent on the same period last year.

NTC, an economic and financial consultant, predicts that economic growth – fuelled by consumer spending – will continue to accelerate up to the middle of next year, after which its pace will stabilise.

Consumers are spending more because they are more confident – a truism backed by the European Commission, which suggests their confidence level currently matches the record peak of June, 1987.

The proportion of consumers willing to make a major purchase – electrical goods, car, etc – has shot up 40 per cent.

Are these early signs of another 'Lawson boom'? The CBI thinks not. It argues that, although house prices have picked up, they are well below their previous peak in real terms and are more affordable in relation to average earnings. Consumers also seem to have learnt their lesson about imprudent borrowing; the proportion of household income being saved was 11.6 per cent last year, double the level of 1988. Although this so-called savings ratio is expected to decline later in the year as 'windfalls' are spent, it will remain much higher than it was in 1988-89.

The CBI therefore concludes that the growth in consumer spending will decelerate to 2.1 per cent by December as the effects of the Government's budget measures, coupled with rising interest rates, make an impact.

Despite the present increase in High Street spending, retail price inflation is expected to ease to 2.3 per cent by the end of this year, aided by the strong pound. The CBI, however, says rising manufacturers' prices next year will drive up inflation by the end of the year.

Big spending consumers have had little impact on the manufacturing sector, which is forecast to grow by only 1.3 per cent this year, and by 2 per cent in 1998. In July, pharmaceuticals and other consumer chemicals manufacturers had said they expected orders to continue growing strongly during the coming four months, albeit with weak

| | Latest | % change on previous period | % change on previous 3 periods | % change on year |
|--|--------|-----------------------------|--------------------------------|------------------|
|--|--------|-----------------------------|--------------------------------|------------------|

PRICES AND COSTS

| | | | | |
|-----------------------------------|-----|------|------|------|
| Retail prices | | | | |
| All items | Jul | 0.0 | 0.8 | 3.3 |
| Chemists' goods | Jul | 0.3 | 0.5 | 4.1 |
| Producer prices | | | | |
| Manufacturing industry, excl food | Jul | -0.2 | -0.3 | 0.6 |
| Chemical industry | Jul | -0.2 | -0.3 | -0.2 |
| Pharmaceutical preparations | Jul | 0.3 | 1.6 | 3 |
| Perfumes and toilet preparations | Jul | 0.0 | 0.5 | 3.2 |
| Lip and eye make-up preparations | Jul | 0.0 | 0.0 | 8.8 |
| Dental and oral hygiene preps | Jul | 0.0 | 2.3 | 4.9 |
| Shaving preps, deodorants | Jul | 0.1 | 0.2 | 1.4 |
| Adhesive dressings | Jul | 0.1 | 0.1 | 6.4 |
| Average earnings | | | | |
| Whole economy | Jun | 0.4 | -3.3 | 4.1 |
| Chemicals, chemical products | Jun | 2.7 | -7.8 | 4.8 |

OUTPUT

| | | | | |
|---------------------------------|-----|------|------|------|
| Chemicals, man-made fibres | -Q2 | -0.8 | -1.0 | -0.9 |
| Pharmaceutical products | Q2 | -1.8 | -0.5 | -1.3 |
| Perfumes, cosmetics, toiletries | Q2 | -3.3 | 0.1 | 0.8 |

SALES

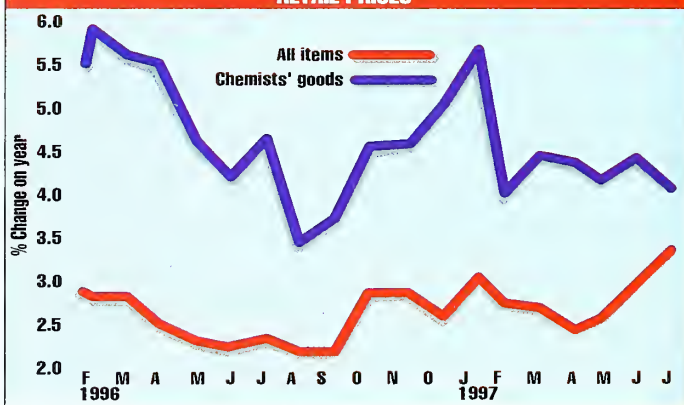
| | | | | |
|--|-----|------|------|------|
| Consumer expenditure (constant prices) | | | | |
| Total | Q2 | 1.5 | 3.7 | 4.4 |
| Retail sales (current prices) | | | | |
| All retail businesses | Jul | 2.0 | 4.2 | 7.2 |
| Chemists | Jun | 10.1 | 14.7 | 18.0 |

OTHER BUSINESS INDICATORS

| | | | | |
|-----------------------|-----|------|------|-------|
| Consumer credit | | | | |
| Net lending | Jun | 4.0 | 52.3 | 98.- |
| Unfilled vacancies | Jul | -1.6 | 5.4 | 23.6 |
| Claimant unemployment | Jul | -3.1 | -6.3 | -27.1 |

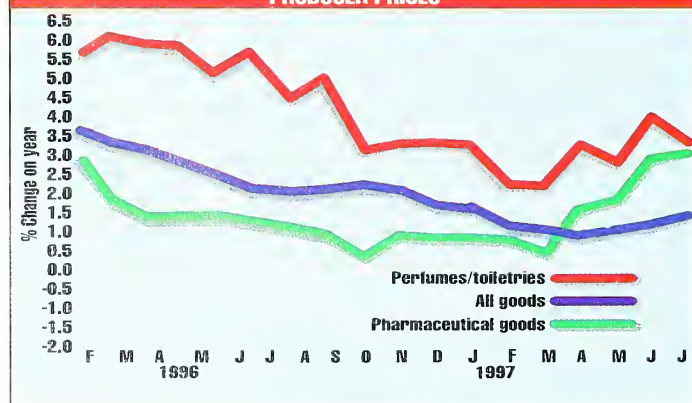
Sources: Office for National Statistics, Bank of England and C&D

RETAIL PRICES

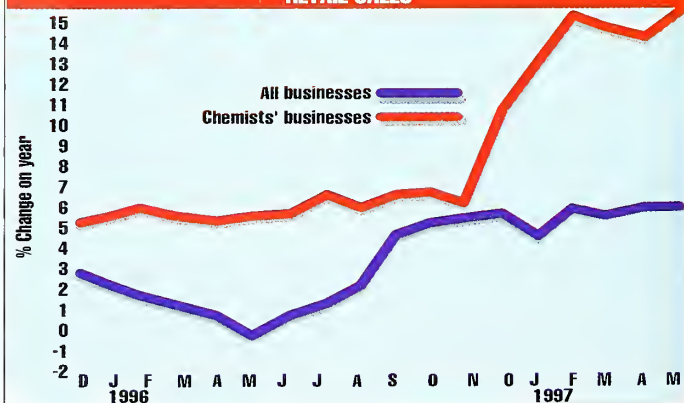


demand from overseas customers. Meanwhile, unit manufacturing costs are expected to hold steady, although a substantial downturn is predicted for average factory gate prices.

PRODUCER PRICES



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BRIXTON (S LONDON) KENTISH TOWN (N LONDON)

Rapidly expanding chain requires manager for above branches. Newly qualified pharmacist considered, excellent package including free medical insurance, pension scheme and, if required, a relocation allowance.

RELIEF PHARMACISTS/LOCUMS

REQUIRED FOR LONDON AND SURROUNDING COUNTIES

PHARMACY TECHNICIAN/DISPENSER

CROYDON & SOUTHBOROUGH (TUNBRIDGE WELLS, KENT)

KENTISH TOWN (N LONDON)

Required for above stores. Excellent package, hours to be arranged. We also have a position for relief Technician/Dispenser. Flexibility and driving licence essential.

SHOP MERCHANDISER

An experienced category management person required to join a team in order to enhance sales and profit of a fast-expanding pharmacy chain. Must be mobile and able to train and motivate others.

Contact Rajesh Patel:

0836 273806 (mobile) 0181 681 3355 (home)

or reply, with C.V., to:

Alison Bird, Day Lewis Plc, Bensham House,
 324-340 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
 Tel: 0181 689 2255 Fax: 0181 689 0076

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- ★ Pharmacist manager required for small modern pharmacy.
 - ★ Very good rate of pay with possible performance bonus/partnership.
 - ★ Next to modern expanding health centre.
 - ★ Good relations with Doctors.
 - ★ Newly Qualified considered.
- Contact 0191 419 0555 (daytime) or 0191 416 3347 (evenings). Or write to The Manager, Barmston Pharmacy, Westerhope Road, Washington, Tyne & Wear NE38 8JF

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(day/weekdays) or 01204 861642

evenings or weekends

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For 5 to 5.5 days a week. Excellent supporting staff, accommodation and good salary for the right applicant. Newly qualified welcome to apply.

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£30K PLUS (Depending on site)

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Tel: 01332 296800, 0850 655103

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• Long term locum considered

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- Good salary negotiable •

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(01693) 830287 (Mon-Fri, 9.30-1, 2-5.30)

or (01365) 541628 (Weekends)

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 Michelstown, County Cork.

Tel: (00353) 025 24253

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Bigginhill & Westerham (Kent)

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• Minimum paper work

• Good working hours

• Excellent supporting staff

• Flat available if required

Contact Navin Patel

Tel: 01959 563 130 (Office) or 01322 527244 (Home)

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term Locum considered. Good

supporting staff. Newly qualified

considered and/or Pharmacist required to job-share four afternoons per week.

Tel: 0116 262 7054

APPOINTMENTS

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- Excellent rate of pay
- Approachable and helpful telephone manner would be an advantage

Contact Geoffrey on:

01202 888001 or 594251 (evenings)

BELFAST, NORTH STREET

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Required for easily-run pharmacy.

- ★ Five days per week ★ Every Saturday off
- ★ Minimum paperwork ★ Good supporting staff ★ Newly qualified welcome

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HERON CHEMISTS

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TRADE LESS 25%+VAT - Clinistix, Convatec S353, Sotacor 50mg, Asacol Suppos, Tambacor 100mg Tabs, Saliva Orthana, Modocate 25mg/ml Ampoules. Tel: 01766 830437.

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TRADE LESS 40%+VAT - 70 Endoxana 50mg (exp 10/97), Trade Less 30%+vat - 112 Baycaron, 81 Burinex 5mg, 90 Haldol 5mg, 90 Haldol 10mg, 56 Hexopal Forte, 20 Celance 250mg, 40 Ossopan 800, 56 Rifinah 300, 200 Salazopyrin. Tel: 01322 432146.

TRADE LESS 25%+VAT - Cyprostat 126x100mg, Minocin MR x 112, Lederfen 56x450mg, Neoral 60x50mg and 90x100mg, One Alpha 100x1mcg, Famvir 14x750mg, Hormonin 300. Tel: 0151-645 3055.

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10,000,000 iu. Tel: 1932 842632.

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2/98), 1x20ml Rhinolast (exp 2/98). Tel: 01737 813251.

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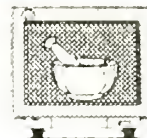
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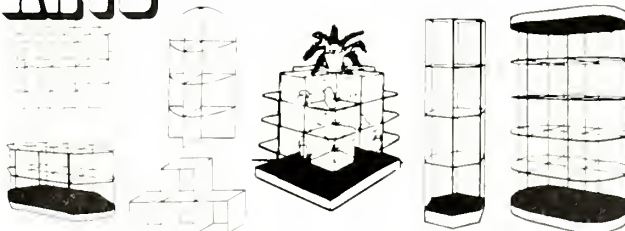
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ABOUT people

Ninety not out for Cerumol creator

Dr Jacob Rabinovitch, the man who developed Cerumol, has just turned 90, and is still at LAB (Laboratories for Applied Biology), the company he helped found in London in 1950.

Among the first products manufactured at LAB were Labiton (1948), Cerumol (1949), Monphytol (1952) and Duronioph (1953).

The impetus for the development of Cerumol came from the fact that, at the time, there were no other preparations available to facilitate ear syringing.

Dr Rabinovitch obviously likes



what he does. He comments: "I am still actively involved in my company and certainly have no

plans to give up working."

He was born in Baku, Azerbaijan, on August 10, 1907. At the age of 22, he was exiled for his political beliefs and granted permission to leave for Palestine.

There he studied as a chemist before moving to France, where he received a doctorate in organic chemistry from the Sorbonne shortly before the Germans invaded Paris in 1940. He escaped to England with his new wife on "the last boat".

In his early career, he specialised in manufacturing oestrogen and in artificial insemination.

So, what's in a name?

Did you know that Andrews Liver Salts was named after St Andrew's Church in Gallowgate, Newcastle upon Tyne, opposite where it was made in the 1880s? Or that Cow & Gate started in Charles Gates' grocery on Guildford High Street?

Henry Wilkinson's interest in swords helped British soldiers whose inferior blades were breaking in combat in the Sudan in the mid-1880s. His company invented a machine for testing sword blades and received an order for 150,000 sword-bayonets. In 1887, it became the Wilkinson Sword Co and later diversified into 'cut-throat' razors.

These are just some of the anecdotes in a new book, 'How Household Names Began' (£10.95), writ-

ten by Maurice Baren and published by Michael O'Mara Books (tel: 0171 720 8643). It also relates how, in 1915, George Nicholas heated salicylic acid and acetic anhydride, using makeshift apparatus in his pharmacy in Melbourne, Australia. Without a reflux condenser to condense the vapours "the appalling smells filled the little pharmacy and the fumes made him ill, causing him to lose weight and temporarily lose his sight".

The resulting Aspro was registered two years later, reputedly named after the 'AS' in Nicholas and the 'PRO' in products.

Other names with pharmacy connections include Ever-Ready, Fisherman's Friend, Procter & Gamble, Victory V and Yardley.

Available for weddings, bar mitzvahs ...

Royal Pharmaceutical Society Council member Andrew Burr is approaching 100 – branch meetings, that is.

Mr Burr has set himself the task of speaking to as many branches as he can. He has accepted an invitation to speak to his 100th branch on October 24.

For the information of the 36 outstanding branches, Mr Burr can be contacted via 0171 735 9141.

Opening up a new window of opportunity

Pharmacies in Londonderry, Limavady, Irvinestown and Drumquin have shared prize money of \$500 for window displays created for the Western Health and Social Services Board's programme to mark National Psoriasis Week.

The competition was organised by the Board's community pharmacy adviser Marie-Therese McSorley. Judges included Sally O'Kane, director of pharmaceutical services. First prize went to

APPOINTMENTS

Gerry Looker has taken over from Patrick Canavan as section general secretary of the Guild of Hospital Pharmacists.

Nick Bateman, formerly of Zeneca, has joined Chemical Design Holdings as its chief executive. John Lambert has been appointed as the company's finance director.

Cussons (UK) has appointed Kieran Callan as managing director. He takes up his new post in February, 1998, from Cussons (Australia), where he is presently managing director. The previous managing director of Cussons (UK), Philip Smyth, has been promoted to area director of Cussons Europe.

Beiersdorf UK, responsible for the worldwide manufacture of Nivea and the medical division's range of wound care products, has appointed Richard Dunn as managing director. He joined the company in 1989 as sales and marketing director.

Professor Norman Nevin, head of the Northern Ireland Genetics Service, has succeeded Baroness Lloyd of Highbury as chairman of the Gene Therapy Advisory Committee.



It was 'take two' for the first Medisport golf challenge on July 23 – the event had to be called off in May when hail, thunder and lightning forced the competitors off the course. Second time around, the winners in a field of 50 were Robert Cooper, Ian Thompson, Sunda Patel and Vinod Patel, who received their prizes from John Priestley-Cooper of Medisport (left) and sports therapist Paul Darby (right)



Marie-Therese McSorley (left) and Sally O'Kane (second left) present the first prize to Heron assistant Amanda Sheridan (centre), pharmacist Nicola Pinkerton and assistant Noreen Gillespie (right)



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